

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90002 024 ***158.75

DOCUMENT # F94000000883					
1. Entity Name UP & UP, INC.					
Principal Place of Business 2273 RESEARCH BLVD. 4TH FLOOR ROCKVILLE MD 20850 US			Mailing Address 2273 RESEARCH BLVD. 4TH FLOOR ROCKVILLE MD 20850 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 52-1806976	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, DALE A <input checked="" type="checkbox"/> Delete 2273 RESEARCH BLVD. 4TH FLOOR ROCKVILLE MD 20850				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, GEORGE M <input checked="" type="checkbox"/> Delete 2273 RESEARCH BLVD. 4TH FLOOR ROCKVILLE MD 20850				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. FEITEL, DAVID M <input checked="" type="checkbox"/> Delete 2273 RESEARCH BLVD. 4TH FLOOR ROCKVILLE MD 20850				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEITEL, DAVID M <input checked="" type="checkbox"/> Delete 2273 RESEARCH BLVD. 4TH FLOOR ROCKVILLE MD 20850				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Donald Rubin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 Fifth Avenue 7th Fl. New York, NY 10003-1004				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Richard Gerstein <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 Fifth Avenue 7th Fl. New York, NY 10003-1004				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marcy Feller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 Fifth Avenue 7th Fl. New York, NY 10003-1004				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					