

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000001730****1. Entity Name**
FIRST FISCAL FUND CORP.**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90042 015 ***150.00

Principal Place of Business
P.O. BOX 40
WESTBURY NY 11590**Mailing Address**
P.O. BOX 40
WESTBURY NY 11590**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-6567334

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****KADISH, LAWERENCE**
160 SOUTH UNIVERSITY DRIVE
SUITE F
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

9884 Nob Hill Court

City Sunrise

FL

Zip Code 33351

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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCD			
	REICHER, IRWIN	888 7TH AVENUE	NEW YORK NY	
	VDT			
	SCHECTER, MARTIN	888 7TH AVENUE	NEW YORK NY	
	V			
	KADISH, CHARLES	888 7TH AVENUE	NEW YORK NY	
	S			
	ALTADONTU, GRACE	888 7TH AVENUE	NEW YORK NY	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 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 #

CR2E034 (10/00)