

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002988

1. Entity Name

FOUNTAIN COURT MANAGEMENT CORP.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90146 011 ***150.00

Principal Place of Business

Mailing Address

2100 HWY 35, STE A
SEA GIRT NJ 08750

C/O PLAY KNITS
240 WEST 40 ST
NY NY 10018-1510

627090



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3294395

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEE, FELIX H
2600 9TH STREET NORTH STE 600
ST PETERSBURG FL 33704

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.

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, 2000 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 VS
NAME TAWIL, RALPH
STREET ADDRESS 19707 TURNBERRY WAY
CITY-ST-ZIP NORTH MIAMI BEACH FL

☐ Delete

TITLE PTD
NAME TAWIL, SAUL
STREET ADDRESS 1100 OCEAN AVENUE
CITY-ST-ZIP ELBERON NJ

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CITY-ST-ZIP

☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAUL TAWIL

3-15-00
Date

2123910170
Daytime Phone #

CR2E034 (9/99)