

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90279 048 \*\*\*550.00

**DOCUMENT # F95000000535****1. Entity Name**  
**DARBY NORTHEAST, INC.****Principal Place of Business****3890 PARK CENTRAL BLVD., NORTH**  
**POMPANO BEACH FL 33064****Mailing Address****865 MERRICK AVE**  
**WESTBURY NY 11590**  
**US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number 11-2589841**

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****THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**110 NORTH MAGNOLIA ST**  
**TALLAHASSEE FL 32301**

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**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **CD** ☐ Delete  
**NAME** **ASHKIN, MICHAEL**  
**STREET ADDRESS** **3890 PARK CENTRAL BLVD NORTH**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33064****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **AS** ☐ Delete  
**NAME** **SORACI, JUSTINA**  
**STREET ADDRESS** **865 MERRICK AVENUE**  
**CITY-ST-ZIP** **WESTBURY NY****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **S D** ☐ Delete  
**NAME** **ASHKIN, LAURA**  
**STREET ADDRESS** **865 MERRICK AVENUE**  
**CITY-ST-ZIP** **WESTBURY NY****TITLE** **Secretary/Director** ☒ Change ☒ Addition  
**NAME** **Laura Kahn**  
**STREET ADDRESS** **865 Merrick Avenue**  
**CITY-ST-ZIP** **Westbury, NY 11590****TITLE** **T** ☐ Delete  
**NAME** **ASHKIN, SHEILA**  
**STREET ADDRESS** **3890 PARK CENTRAL BLVD NORTH**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33064****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **P** ☐ Delete  
**NAME** **CAPUTO, MICHAEL**  
**STREET ADDRESS** **865 MERRICK AVENUE**  
**CITY-ST-ZIP** **WESTBURY NY 11590****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **CEO D** ☐ Delete  
**NAME** **ASHKIN, CARL**  
**STREET ADDRESS** **865 MERRICK AVENUE**  
**CITY-ST-ZIP** **WESTBURY NY 11590****TITLE** **Director** ☐ Change ☒ Addition  
**NAME** **Carl Ashkin**  
**STREET ADDRESS** **865 Merrick Avenue**  
**CITY-ST-ZIP** **Westbury, NY 11590****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 (4/02)