

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90105 020 \*\*\*150.00

**DOCUMENT # F95000004297**

1. Entity Name  
**RE ASSOCIATES INC.**

Principal Place of Business

**101 W. 12TH STREET  
 NEW YORK NY 10011**

Mailing Address

**101 W. 12TH STREET  
 NEW YORK NY 10011**

2. Principal Place of Business

**445 PARK AVE**

3. Mailing Address

**445 PARK AVE**

Suite, Apt. #, etc.

**14<sup>th</sup> FLOOR**

Suite, Apt. #, etc.

**14<sup>th</sup> FLOOR**

City & State

**NEW YORK, NY**

City & State

**NEW YORK, NY**

4. FEI Number

**13-3207729**

Applied For

Not Applicable

Zip

**1**

Country

**USA**

Zip

**10022**

Country

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET, STE 105  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

**ELAINE F. RE, PH.D.**

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

**607 BEACHWALK CIRCLE**

**K-102**

City

**NAPLES**

**FL**

Zip Code

**34108-8729**

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

*Elaine F. Re, Ph.D.*

**11/4/02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCDT RE, ELAINE 607 BEACHWALK CIRCLE, APT 102 NAPLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD RE, THOMAS C 445 PARK AVENUE NEW YORK NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LUGOUSKI, ASTRIO R 1721 QUAIL RUN CT NE ALBUQUERQUE NM</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

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:

*Elaine F. Re, Ph.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/4/02**

Date

**212-691-7979**

Daytime Phone #

CR2E034 (9/01)