

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90120 040 ***150.00

DOCUMENT # F95000005047

1. Entity Name

NORTH SHORE REPORTING AGENCY, INC.

Principal Place of Business

Mailing Address

**1 MURRAY AVE
PORT WASHINGTON NY 11050**

**PO BOX 382
MANHASSET NY 11030**

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 **11-2575548**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASCIA, CHRISTINE F
350 S COUNTRY RD
STE 201
PALM BCH FL 33480**

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

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so.
(See criteria on back) ☐

**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 **P** ☐ Delete
NAME **MASCIA, CHRISTINE FAIRCHILD**
STREET ADDRESS **1 MURRAY AVE**
CITY-ST-ZIP **PORT WASHINGTON NY 11050**

TITLE **S** ☒ Delete
NAME **MASCIA, IDA**
STREET ADDRESS **1 MURRAY AVE**
CITY-ST-ZIP **PORT WASHINGTON NY 11050**

TITLE **T** ☒ Delete
NAME **MASCIA, CAROLYN E**
STREET ADDRESS **1 MURRAY AVE**
CITY-ST-ZIP **PORT WASHINGTON NY 11050**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Barbara Kingston ☒ Change ☐ Addition
28 Maple Place #382
Manhasset Ny 11030

Treasurer
Jacqueline Goldberg ☒ Change ☐ Addition
28 Maple Place #382
Manhasset Ny 11030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

4/25/01 877-878 6732

CR2E034 (10/00)