

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90210 021 ****61.25

DOCUMENT # F96000000449

1. Entity Name

CLOSE ENCOUNTERS WITH MUSIC, INC.



Principal Place of Business

Mailing Address

801 DOUGWAY RD
SPENCERTOWN NY 12165

801 DOUGWAY RD
SPENCERTOWN NY 12165

2. Principal Place of Business

3. Mailing Address

PO BOX 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPENCERTOWN, NY

Zip

Country

Zip

Country

12165

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, RUBIN DR
1000 E ISLAND BLVD #1902
WILLIAMS ISLAND FL 33160

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | BEINECKE, FREDERICK | |
| STREET ADDRESS | 998 5TH AVE | |
| CITY-ST-ZIP | NEW YORK NY 10128 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | GIDDENS, JAMES | |
| STREET ADDRESS | 2 SUTTON PL S | |
| CITY-ST-ZIP | NEW YORK NY 10011 | |
| TITLE | DVT | <input type="checkbox"/> Delete |
| NAME | LIEBER, CHARLES | |
| STREET ADDRESS | 801 DOUGWAY RD | |
| CITY-ST-ZIP | SPENCERTOWN NY 12165 | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | HANANI, HANNAH | |
| STREET ADDRESS | 801 DOUGWAY RD | |
| CITY-ST-ZIP | SPENCERTOWN NY 12165 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FITZPATRICK, NANCY | |
| STREET ADDRESS | 801 DOUGWAY RD | |
| CITY-ST-ZIP | SPENCERTOWN NY 12165 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRUNBERG, JUDITH | |
| STREET ADDRESS | 801 DOUGWAY RD | |
| CITY-ST-ZIP | SPENCERTOWN NY 12165 | |

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELIZABETH FONTAINE | |
| STREET ADDRESS | 965 FIFTH AVE. | |
| CITY-ST-ZIP | NY, NY 10021 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DR. SUART KULLER | |
| STREET ADDRESS | 137 GT. BARRINGTON RD. | |
| CITY-ST-ZIP | W. STOCKBRIDGE, MA 01266 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | YEHUDA HANANI | |
| STREET ADDRESS | 801 DOUGWAY RD | |
| CITY-ST-ZIP | SPENCERTOWN, NY 12165 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JEROME ROSENBERG | |
| STREET ADDRESS | 200 E. 66th ST. | |
| CITY-ST-ZIP | NY, NY 10021 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ASO TAVITIAN | |
| STREET ADDRESS | C/O SYNCORT | |
| CITY-ST-ZIP | 50 TICE BLVD. | |
| | WOODCLIFF LAKE, NJ 07675 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ARLENE TAVITIAN | |
| STREET ADDRESS | C/O SYNCORT | |
| CITY-ST-ZIP | 50 TICE BLVD. | |
| | WOODCLIFF LAKE, NJ 07675 | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HANNAH HANANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2000

Date

800 8430778

Daytime Phone #

CR2E037 (5/00)