

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90050 046 ***150.00

0441876

DOCUMENT # F96000006022

1. Entity Name

SCHWARTZMAN GARELIK WALKER KAPILOFF & MANN, P.C.

Principal Place of Business

Mailing Address

355 LEXINGTON AVE.
 NEW YORK NY 10017

355 LEXINGTON AVE.
 NEW YORK NY 10017

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 **13-3911269**

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

ABRAMS, ANTON P.A.
2021 TYLER ST
HOLLYWOOD FL 33022

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, 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	PDC	<input type="checkbox"/> Delete
NAME	SCHWARTZMAN, HERMAN	
STREET ADDRESS	355 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALKER, EDWARD N	
STREET ADDRESS	355 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	SDC	<input type="checkbox"/> Delete
NAME	GARELIK, DAVID M	
STREET ADDRESS	355 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAPILOFF, ARNOLD Y	
STREET ADDRESS	355 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TROY, BERNARD E	
STREET ADDRESS	355 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Arnold Y Kapiloff 4/25/01 212-557-2100

Date

Daytime Phone #

CR2E034 (10/00)