

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90140 041 \*\*\*150.00

DOCUMENT # F97000000906

1. Entity Name

PAGE PLAZA MANAGEMENT CORPORATION



Principal Place of Business  
C/O WHARTON REALTY GROUP  
2100 ROUTE 35, SUITE A  
SEA GIRT NJ 08750

Mailing Address  
C/O PLAY KNITS  
240 WEST 40TH ST  
NY NY 10018

90134560



2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

c/o HMK Associates

Suite, Apt. #, etc.

30 Columbia Turnpike

City &amp; State

Florham Park, NJ

Zip

07932

Country

USA

4. FEI Number 22-3498649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC  
NAME TAWIL, SAUL R  
STREET ADDRESS C/O 2100 ROUTE 35, SUITE A  
CITY-ST-ZIP SEA GIRT NJ 08750 ☐ Delete

TITLE VAS  
NAME MASSRY, DANIEL  
STREET ADDRESS C/O 2100 ROUTE 35, SUITE A  
CITY-ST-ZIP SEA GIRT NJ 08750 ☐ Delete

TITLE D  
NAME SUTTON, SHARON  
STREET ADDRESS C/O 2100 ROUTE 35, SUITE A  
CITY-ST-ZIP SEA GIRT NJ 08750 ☐ Delete

TITLE D  
NAME SITT, MARILYN  
STREET ADDRESS C/O 2100 ROUTE 35, SUITE A  
CITY-ST-ZIP SEA GIRT NJ 08750 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #