2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000003242** May 04, 2000 8:00 am Secretary of State ZACHARY'S RETAIL GROUP, INC. 05-04-2000 90178 006 ***150.00 Mailing Address Principal Place of Business 1620 GRAND AVE 1620 GRAND AVE BALDWIN NY 11510 BALDWIN NY 11510-1807 2. Principal Place of Business 3. Mailing Address 71 CLINTON ROAD 71 CLINTON POAD DO NOT WRITE IN THIS SPACE Šuite, Apt. #, etc. Suite, Apt. #, etc. LOWER LEVEL LOWER LEVEL Applied For City & State GARDEN CITY 4. FEI Number 11-3316778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 11530 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE Delete TITLE SIEGEL, WILLIAM R NAME NAME 71 CLINTON BOAD - LOWER LEVEL STREET ADDRESS STREET ADDRESS 1620 GRAND AVE GARTIEN CITY NEW YORK 11530 CITY-ST-ZIP CITY-ST-ZIP **BALDWIN NY 11510** Change Addition TITLE TITLE ☐ Delete LUBEL, RONALD NAME CLINTON ROAD - LOWER LEVEL ARDEN CITY NEW YORK 11530 STREET ADDRESS STREET ADDRESS 1620 GRAND AVE CITY-ST-ZIP CITY-ST-7IP **BALDWIN NY 11510** ☐ Addition ☐ Delete TITLE TITLE COHEN, ALAN R 11 CLINTON ROAD-LONER-LEVEL GARDEN CITY NEW YORK 11530 NAME STREET ADDRESS STREET ADDRESS 1620 GRAND AVE CITY-ST-ZIP CITY-ST-ZIP **BALDWIN NY 11510** TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF GONING OFFICER OR DIRECTOR

Date

Date

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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