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200	1 UNIFORM BU	ISINESS REPO	RT (UBR)				
DOCU 1. Entity Nan	MENT # F98000003	3042	9 v 4				
AMERISHOP INVESTMENT MAYFAIR, CORP.				FILED	EII ED		
Principal Place of Business		Malling Address					
c/o DRA ADVISORS, INC.		c/o DRA ADVIS	•	01 OCT -3 AM 8: 17			
220 East 42nd Street, 27th FL New York, NY 10017		220 East 42nd S New York, NY 1	,	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address 220 East 42nd S		TALLAMACOLL, LEO			
220 East 42nd Street Suite, Apt. #, etc.		Suite, Apt. #, etc.	illeet	DO NOT WRITE IN THIS SPACE			
27th Floor City & State		27th Floor City & State		4. FEI Number	4. FEI Number Applied For		
New York, NY Zip Country		New York, NY	Country	13-4006671	Not Applicable		
10017		10017	Coontry	Fe	8.75 Additional se Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Corporation Service Company							
		ass (P.O. Box Number is Not Acceptable) AYS Street					
			A15 Succi				
			C _{ity} Tallaha	ssee FL	Zip Code 32301		
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 LOUNG Laura R. Dunlap 10/3/01							
SIGNATURE							
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001. Fee will be \$550.00 Trust Fund Contribution. Added to Fees							
11. TILE	OFFICERS A	AND DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11 Change		
NAME STREET ADDRESS	Tansey, Francis X.		NAME STREET ADDRESS	•			
CITY-ST-ZIP	220 East 42nd Street, 27th I New York, NY 10017	ru.	CITY-ST-ZIP				
TITLE NAME	CVP Luski, David	Delete	TITLE NAME) 600004 6 221	Change Addition		
STREET ADDRESS CITY-ST-ZIP	220 East 42nd Street, 27th New York, NY 10017	FL	STREET ADDRESS CITY-ST-ZIP	DUUUU-TO&&(
TITLE NAME	Т	☐ Delete	TITLE NAME	, 0	Change Addition		
STREET ADDRESS CITY-ST-ZIP	McEvoy, Paul 220 East 42nd Street, 27th	FL	STREET ADDRESS				
TILE	New York, NY 10017 VAS	☐ Delete	TITLE		Change Addition		
NAME STREET ADDRESS	Summers, Brian T. 220 East 42nd Street, 27th	ı FI.	NAME Street address	REMSTATEMENT	<i>ව</i>)		
CITY-ST-ZIP	New York, NY 10017		CITY-ST-ZIP				
NAME		☐ Delete	NAME		Change 🗀 Addition		
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP)		
TITLE NAME		☐ Delete	TITLE NAME	• • • • • • • • • • • • • • • • • • • •	Change		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1111			
13. I hereby certify that the Information supplied with this filling 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.							
Indicated	On this report of supplemental rent	ON IS INJA AND RECUIRS A SAN THAT O	ny sianatura shall haya t	the same least affect as if made under noth: that I am	an afficar or director		
Indicated	on this report of supplemental reportion or the receiver or trustee error on an attachment with an address	ON IS INJA AND RECUIRS A SAN THAT O	ny sianatura shall haya t	the same legal effect as if made under oath; that I am 607, Florida Statutes; and that my name appears in B	an afficar or director		



ACCOUNT NO. 072100000032

REFERENCE : 716726 4391782

AUTHORIZATION

COST LIMIT

ORDER DATE: October 1, 2001

ORDER TIME : 10:39 AM

ORDER NO. : 716726-005

CUSTOMER NO: 4391782

CUSTOMER: Ms. Kerry Sheffer

Dra Advisors, Inc. 220 East 42nd Street

27th Floor

New York, NY 10017

ANNUAL REPORT FILING

NAME:

AMERISHOP INVESTMENT MAYFAIR,

CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: