

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000003042**1. Entity Name  
**AMERISHOP INVESTMENT MAYFAIR, CORP.****FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91350 025 \*\*\*150.00

Principal Place of Business  
**220 EAST 42 ST.  
27 FLOOR  
NEW YORK NY 10017**Mailing Address  
**220 EAST 42 ST.  
27 FLOOR  
NEW YORK NY 10017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number  
**13-4006671**Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CP TANSEY, FRANCIS X 220 EAST 42 ST., 27 FL NEW YORK NY 10017	<input type="checkbox"/>		<input type="checkbox"/>
CVS LUSKI, DAVID 220 EAST 42 ST., 27 FL NEW YORK NY 10017	<input type="checkbox"/>		<input type="checkbox"/>
T MCEVOY, PAUL 220 EAST 42 ST., 27 FLOOR NEW YORK NY 10017	<input type="checkbox"/>		<input type="checkbox"/>
VAS SUMMERS, BRIAN T 220 EAST 42 ST., 27 FL NEW YORK NY 10017	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

CR  
GMA