2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am Secretary of State DOCUMENT # F9800004161 K & S EAGLE CHASE CORP. 02-08-2001 90038 001 ***150.00 Principal Place of Business Mailing Address 7001 BRUSH HOLLOW ROAD 7001 BRUSH HOLLOW ROAD WESTBURY NY 11590 WESTBURY NY 11590 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 11-3442672 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BIRD, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32801 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. E I A Ĭ., ... ិងអ្នកអ្នកទេខ ការ៉ាក់ SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Delete TITLE TITLE SHALIK, EUGENE NAME . . NAME 120 TALL OAK CRESCENT STREET ADDRESS STREET ADDRESS CITY-ST-7IP OYSTER BAY COVE FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete KALIKOW, EDWARD NAME NAME 10 GRACE DRIVE STREET ADDRESS STREET ADDRESS OLD WESTBURY NY CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNAL ONE: ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/0

(516) 876.4800

FILED

Daytime Phone #