

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90575 012 \*\*\*150.00

**DOCUMENT # F98000005887**

1. Entity Name

C.S. PLAZA CORP.



Principal Place of Business

C/O LEVITT PROPERTIES  
402-412 ROUTE 23  
FRANKLIN NJ 07416  
US

Mailing Address

C/O LEVITT PROPERTIES  
402-412 ROUTE 23  
FRANKLIN NJ 07416  
US

2. Principal Place of Business

100 Quarry Rd

3. Mailing Address

100 Quarry Rd

Suite, Apt. #, etc.

Ste. 2

Suite, Apt. #, etc.

Ste. 2

City & State

Hamburg NJ

City & State

Hamburg NJ

Zip

07419

Country

USA

Zip

07419

Country

USA

4. FEI Number

62-1560167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LEVITT, MORTIMER  
STREET ADDRESS 10 EAST 82ND STREET  
CITY-ST-ZIP NEW YORK NY 10028

TITLE VD ☐ Delete  
NAME LEVITT, ANNEMARIE  
STREET ADDRESS 10 EAST 82ND STREET  
CITY-ST-ZIP NEW YORK NY 10028

TITLE S ☐ Delete  
NAME CHAIFETZ, MALCOLM  
STREET ADDRESS 350 FIFTH AVENUE, STE 6304  
CITY-ST-ZIP NEW YORK NY 10118

TITLE T ☐ Delete  
NAME EBERLY, KATHY  
STREET ADDRESS 402-412 RT. 23  
CITY-ST-ZIP FRANKLIN NJ 07416

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 100 Quarry Rd, Ste. 2  
CITY-ST-ZIP Hamburg NJ 07419

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

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

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:

Kathy Eberly (Kathy Eberly)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

973-823-1140

Daytime Phone #