2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90126 043 ***150.00

DOCUMENT # F99000001580

1. Entity Name
AQUIRED ASSETS, LTD. INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 339 ALBERTSON NY 11507	PO BOX 339 ALBERTSON NY 11507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
147 Willis Avenue	147 Willis Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mineola, New York	City & State: Mineola, NY.
Zip: 11501 Country: NASSAU	Zip: 11501 Country: NASSAU

4. FEI Number 11-3219668 ☐ Applied For ☐ Not Applicable

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
RUSSO, MARY 3948 INVERRARY DRIVE LAUDERHILL FL 33319	Name: Mary Russo Street Address (P.O. Box Number is Not Acceptable): 6064 Petunia Dr. City: Delray Beach FL Zip Code: 33484

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, 2001 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	P FELDMAN, SUSAN 585 STEWART AVENUE GARDEN CITY NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Feldman, Susan 147 Willis Avenue Mineola, N.Y. 11501	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FELDMAN, LAURENCE 585 STEWART AVENUE GARDEN CITY NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Susan Feldman, Pres. (516) 746-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #