2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90078 043 ***150.00

DOCUMENT # F99000002060

1. Entity Name

ASSOCIATED/ACC INTERNATIONAL LTD., CORPORATION

Principal Place of Business	Mailing Address
WEST 21ST STREET -- YORK NY 10010	19 WEST 21ST STREET NEW YORK NY 10010-6805

913008

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-4933340 ☐ 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

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	P ☐ Delete	TITLE	☐ Change ☐ Addition
	GOODMAN, RICHARD	NAME	
ADDRESS	70 SILVER SPRING RD.	STREET ADDRESS	
ST-ZIP	SHORT HILLS NJ	CITY-ST-ZIP	
	T ☐ Delete	TITLE	☐ Change ☐ Addition
	EPSTEIN, DAVID M	NAME	
ADDRESS	30 FELLSWOOD DR.	STREET ADDRESS	
ST-ZIP	LIVINGSTON NJ	CITY-ST-ZIP	
	CD ☐ Delete	TITLE	☐ Change ☐ Addition
	ROSENBERG, FRANK	NAME	
ADDRESS	318 E. 19TH ST	STREET ADDRESS	
ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
	☐ Delete	TITLE	☐ Change ☐ Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: _____ 1/27/2000 (212)633-0250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #