

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004368

1. Entity Name
CITY HALL CORP.

FILED

02 JUN -7 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
19333 Collins Ave
Apt. # 708
Sunny Isle Fl 33160

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2184916 Applied For Not Applicable

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

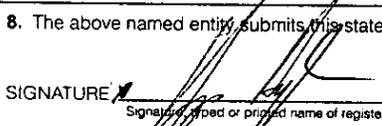
6. Name and Address of Current Registered Agent

ROSEN, BORIS
25 S.E 2nd Avenue, Ste 220
Miami Fl 33131

7. Name and Address of New Registered Agent

Name JACQUES AGHION
Street Address (P.O. Box Number is Not Acceptable) 19333 COLLINS AV. # 708
SUNNY ISLES
City FL Zip Code 33160

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  (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

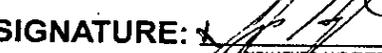
TITLE PCD NAME STREET ADDRESS CITY-ST-ZIP	AGHION, JACQUES Edificio Ori Int, Ste 7 Colon Free Zone, Panama <input type="checkbox"/> Delete
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	COHEN, JACQUES A Edificio Ori Int, Ste 7 Colon Free Zone, Panama <input type="checkbox"/> Delete
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	DE AGHION, REBECA E Edificio Ori Int, Ste 7 Colon Free Zone, Panama <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000005817020--0
-06/18/02--01066--012
***150.00 ***150.00

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: 

CR2E034 (11/00)