

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91076 023 ***558.75

DOCUMENT # F99000006404

1. Entity Name

FELIX-OSCAR MANAGEMENT COMPANY

Principal Place of Business

927 LINCOLN ROAD #208
 MIAMI BEACH FL 33139

Mailing Address

927 LINCOLN ROAD #208
 MIAMI BEACH FL 33139

00055027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

199 NW 28th Street
 Suite, Apt. #, etc.
 384

City & State
 Boca Raton FL

Zip
 33431

Country
 PALM BEACH

3. Mailing Address

5030 Champion Blvd
 Suite, Apt. #, etc.
 #290

City & State
 Boca Raton FL

Zip
 33496

Country
 PALM BEACH

4. FEI Number **59-3366186**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ABUSCH, SIDNEY CPA
 1355 W. PALMETTO PARK RD.
 BOCA RATON FL 33486

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.

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

TITLE **P** ☐ Delete
 NAME **PRIANO, THOMAS M**
 STREET ADDRESS **5030 CHAMPION BLVD.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **V** ☐ Delete
 NAME **DEFAZIO, GARREN**
 STREET ADDRESS **240 E. 27TH STREET #27H**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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 CITY-ST-ZIP

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:

Thomas M Priano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 THOMAS M PRIANO

4/6/01 561-362-9009
 Date Daytime Phone #

CR2E034 (10/00)