

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G39712

1. Entity Name

RIVER WATCH CORP.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90110 014 ***150.00

Principal Place of Business

Mailing Address

40 CUTTERMILL RD
201
GREAT NECK, NY. 11021
US

40 CUTTERMILL ROAD, SUITE 509
201
GREAT NECK, NY. 11021-3213
US

2. Principal Place of Business

40 Cuttermill Road

3. Mailing Address

40 Cuttermill Road

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Great Neck, NY

City & State

Great Neck, NY

Zip

11021

Country

USA

Zip

11021

Country

USA

4. FEI Number

58-1575532

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BLUM, BENTLEY J
STREET ADDRESS 15811 FISHER ISLAND DR.
CITY-ST-ZIP FISHER ISLAND FL

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

TITLE VP ☐ Delete
NAME KARLIK, JERRY
STREET ADDRESS 40 CUTTERMILL RD, 201
CITY-ST-ZIP GREAT NECK NY 11021

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jerry Karlik **REQUIRE** Karlik, VP

Date

1/11/00

Daytime Phone #

516-482-5995

CR2E034 (9/99)