

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G66829**

1. Entity Name

TAMNOR CORPORATION**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90128 017 ***150.00

Principal Place of Business

SCHWARTZ, ALVIN
60 EAST 42ND ST. 53RD FLOOR
NEW YORK NY 10165
US

Mailing Address

SCHWARTZ, ALVIN
60 EAST 42ND ST. 53RD FLOOR
NEW YORK NY 10165
US

00011104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1573933**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARCUS, LARRY
1515 N FEDERAL HWY
SUITE 300
BOCA RATON FL 33432

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 State10. 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 **D** ☐ Delete
NAME **MARCUS, LARRY J**
STREET ADDRESS **1515 N FEDERAL HWY STE 300**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **SCHWARTZ, ALVIN**
STREET ADDRESS **60 E 42 ST 53 FL**
CITY-ST-ZIP **NEW YORK NY 10165**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **CRISTINI, PAULA**
STREET ADDRESS **1165 46TH STREET**
CITY-ST-ZIP **BROOKLYN FL 11219**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **SCHWARTZ, THOMAS**
STREET ADDRESS **60 E 42 ST 43 FL**
CITY-ST-ZIP **NEW YORK NY 10165**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvin Schwartz
PRESIDENT1/25/01
Date212 880-0110
Daytime Phone #

CR2E034 (10/00)