

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90038 045 ***150.00

DOCUMENT # H87996

1. Entity Name

THE FIFTH AVENUE CORPORATION

Principal Place of Business

Mailing Address

% LEVINE
 P.O. BOX 48
 JACKSON NH 03846

% LEVINE
 P.O. BOX 48
 JACKSON NH 03846-0048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2612905

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARENT, DONNA G
11900 DEVOE CT
ORLADNO FL 32821

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	DP	<input type="checkbox"/> Delete
NAME	LEVINE, HARRIS R.	
STREET ADDRESS	RT. 16	
CITY-ST-ZIP	JACKSON NH	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINE, RICHARD D.	
STREET ADDRESS	RT. 16	
CITY-ST-ZIP	JACKSON NH	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINE, MARY LOUISE	
STREET ADDRESS	RT. 16	
CITY-ST-ZIP	JACKSON NH	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINE, CHERYL D.	
STREET ADDRESS	25 BAYBERRY AVE	
CITY-ST-ZIP	PROVINCETOWN MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Harris R. Levine (Pres.)*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 603 383-6822
 Date Daytime Phone #

CR2E034 (9/99)