

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90073 009 \*\*\*150.00

**DOCUMENT #** L 28317

**1. Entity Name**  
C. S. F. P., INC.

**420392**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>450 7TH AVE.</u>		<b>3. Mailing Address</b> <u>450 7TH AVE.</u>	
Suite, Apt. #, etc. <u>SUITE 2806</u>		Suite, Apt. #, etc. <u>SUITE 2806</u>	
City & State <u>NEW YORK, NY</u>		City & State <u>NEW YORK, NY</u>	
Zip <u>10123</u>	Country <u>USA</u>	Zip <u>10123</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> <u>65-0159629</u>		Applied For <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name <u>GOLDSTEIN SCHECHTER PRICE ETAL</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>2121 PONCE DE LEON BLVD #1100</u>		
	City <u>CORAL GABLES</u>	FL	Zip Code <u>33134</u>

**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** Martin Dinhofer **DATE** 2/16/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>DOT</u> <u>DINHOFFER, FRANCES</u> <u>17 OTSEGO PL</u> <u>JERICHO, NY 11753</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>DV</u> <u>WACHTEL, PHYLLIS</u> <u>53 OWENOK PARK</u> <u>WESTPORT, CT 06880</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>DP</u> <u>KERNISS, SHIRLEY</u> <u>8120 NUTMEG WAY</u> <u>TAMARAC, FL 33321</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>DS</u> <u>DINHOFFER, MARTIN</u> <u>17 OTSEGO PL</u> <u>JERICHO, NY 11753</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**13.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Martin Dinhofer **MARTIN DINHOFFER** 212-244-6176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)