

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90068 025 ***150.00

DOCUMENT # L28317

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



Principal Place of Business

450 7TH AVE
SUITE 2806
NEW YORK, NY 10123 US

Mailing Address

450 7TH AVE
SUITE 2806
NEW YORK, NY 10123 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0159629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN SCHECHTER PRICE ET AL
2121 PONCE DE LEON BLVD.
SUITE 1100
CORAL GABLES, FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete
NAME DINHOFFER, FRANCES
STREET ADDRESS 17 OTSEGO PL
CITY-ST-ZIP JERICHO, NY

TITLE DV ☐ Delete
NAME WACHTEL, PHYLLIS
STREET ADDRESS 53 OWENOK PARK
CITY-ST-ZIP WESTPORT, CT

TITLE DP ☐ Delete
NAME KERNISS, SHIRLEY
STREET ADDRESS 8120 NUTMEG WAY
CITY-ST-ZIP TAMARAC, FL

TITLE DS ☐ Delete
NAME DINHOFFER, MARTIN
STREET ADDRESS 17 OTSEGO PL.
CITY-ST-ZIP JERICHO, NY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DV ☒ Change ☐ Addition
NAME PHYLLIS WACHTEL
STREET ADDRESS 500 S. OCEAN BLVD. #1708
CITY-ST-ZIP BOCA RATON, FL 33432

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Dinhofer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN DINHOFFER

3/25/03

Date

212-244-6176

Daytime Phone #

CR2E034 (10/02)