

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90086 002 \*\*\*\*61.25

**DOCUMENT # N94000001860**

1. Entity Name

**YORK ELEVEN NINETY REMEMBERED, INC.**

Principal Place of Business

Mailing Address

229 RIDGEVIEW DR  
 PALM BEACH FL 33480  
 US

229 RIDGEVIEW DRIVE  
 PALM BEACH FL 33480-3305

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

**52-1876919**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

00034033



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVIN, JOSEPH**  
**229 RIDGEVIEW DRIVE**  
**PALM BEACH FL 33480**

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

*Joseph Levin Sec. - Treas.*

*3/6/2000*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P NOVAK, GYORA	<input type="checkbox"/> Delete
STREET ADDRESS	44 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE NAME	ST LEVIN, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	229 RIDGEVIEW DR.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE NAME	VP DANZIG, HOWARD S	<input type="checkbox"/> Delete
STREET ADDRESS	4300 S. US HWY #1 SUITE 203	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE NAME	VP GROSS, STEVEN	<input type="checkbox"/> Delete
STREET ADDRESS	333 3 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE NAME	D LOTTER, ANN	<input type="checkbox"/> Delete
STREET ADDRESS	14 CAMBRIDGE PARK COURT	
CITY-ST-ZIP	TWICKENHAM-MIDDLESEX UN	
TITLE NAME	D CARPENTER, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	50 LOWER SLOANE STREET	
CITY-ST-ZIP	LONDON EN	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:

*Joseph Levin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/6/2000*  
 Date

*561-848-5822*  
 Daytime Phone #

CR2E037 (9/99)