

FILED

Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90171 039 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000602

1. Entity Name

ASTORIA GROUP CORP.

Principal Place of Business

343 ALMERIA AVENUE
CORAL GABLES FL 33134

Mailing Address

343 ALMERIA AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business

33 Ladoga Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Same

Zip

33606

Country

Hills.

Zip

Country

4. FEI Number

59-3670773

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Susan Hayward
Street Address (P.O. Box Number is Not Acceptable)
33 Ladoga Ave

City TAMPA

FL

Zip Code 33606

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

Anson Hayward, Pres. Susan Hayward

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

(NOTE: Registered Agent signature required when releasing fee)

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

TITLE Pres.
NAME Susan Hayward
STREET ADDRESS 33 Ladoga Ave
CITY-ST-ZIP TAMPA, FL 33606☐ DeleteTITLE Director
NAME W.A. Hayward
STREET ADDRESS 33 Ladoga Ave
CITY-ST-ZIP TAMPA, FL 33606☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Susan Hayward
Pres.

4/25/01

(813) 253-3924

Date

Daytime Phone #

CR2E034 (10/00)



Attacher
A0073162

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 29, 2001

ASTORIA GROUP CORP.
33 LADOGUE AVE
TAMPA, FL 33606

Subject: ASTORIA GROUP CORP.

Reference
Number:

P00000000602

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SG
ANNUAL REPORTS SECTION