

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90180 050 ***150.00

DOCUMENT # P00000000602

1. Entity Name
ASTORIA GROUP CORP.



Principal Place of Business
**33 LADOGA AVENUE
TAMPA FL 33606**

Mailing Address
**33 LADOGA AVENUE
TAMPA FL 33606**

2. Principal Place of Business

2507 Gardner Ct
Suite, Apt. #, etc.

3. Mailing Address

2507 Gardner Ct
Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33611 Country
USA

City & State
Tampa, FL

Zip
33611 Country
USA

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

HAYWARD, SUSAN
33 LADOGA AVENUE **2507 Gardner Ct**
TAMPA FL 33606 **33611**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 ☐ Delete
NAME **HAYWARD, SUSAN**
STREET ADDRESS **33 LADOGA AVENUE** **2507 Gardner Ct**
CITY-ST-ZIP **TAMPA FL 33606** **33611**

TITLE ☐ Delete
NAME **HAYWARD, W.A.**
STREET ADDRESS **33 LADOGA AVENUE** **2507 Gardner Ct**
CITY-ST-ZIP **TAMPA FL 33606** **33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: **Susan Hayward** President 3/27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)