

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044813

1. Entity Name
79TH STREET ASSOCIATES, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90610 043 ***150.00

Principal Place of Business

1111 KANE CONCOURSE
SUITE 607
BAY HARBOR FL 33154

Mailing Address

1111 KANE CONCOURSE
SUITE 607
BAY HARBOR FL 33154



2. Principal Place of Business

P.O. Box 402188

3. Mailing Address

P.O. Box 402188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL.

City & State

MIAMI BEACH FL.

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

65-1004603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ-AGUIAR, HENRY A
9415 S.W. 72ND STREET
SUITE 111
MIAMI FL 33173

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE D
NAME RAJMAN, ISAAC
STREET ADDRESS P.O. BOX 402188
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE D
NAME RAJMAN, MILTON
STREET ADDRESS P.O. BOX 402188
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
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

4-15-02

Date

305-868-8784

Daytime Phone #

CR2E034 (9/01)