

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 17 PM 12:51

DOCUMENT # P01000033149

1. Entity Name

A & NY, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1720 Harrison St.,

3. Mailing Address
107 Paulin Blvd.,

Suite, Apt. #, etc.
#1725

Suite, Apt. #, etc.

City & State
Hollywood, Florida

City & State
Leonia, NJ

Zip
33020

Country
US

Zip
07605

Country
US

4. FEI Number
20-3708451

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

REINSTATEMENT 02-05
DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Joseph Shimron

Street Address (P.O. Box Number is Not Acceptable)

1720 HARRISON ST. #1725

City HOLLYWOOD FL 33020

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 Joseph Shimron

10/31/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Joseph Shimron
107 Paulin Blvd.,
Leonia, NJ 07605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900061625169
11/22/05-01047-019 **\$600.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Felice Adelstein
1720 Harrison St., #1725
Hollywood, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Chaya Sanderovsky
107 Paulin Blvd.,
Leonia, NJ 07605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

President

10/31/05

954-472-3124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2 of 2

**A & NY, INC.
107 Paulin Blvd.
Leonia, NJ 07605**

October 31, 2005

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 20-3708451

Dear Sir or Madam:

Please be advised that the mailing address for my corporation has changed and I never received my year UBR forms.

As per the instructions that I received when calling your office in reference to this matter, I have enclosed a UBR that I have filled out with my new address along with a check to cover the filing fees for my corporation from 2002 to 2005.

Please accept the enclosed report and payment of \$150.00 per year for the 4 years (\$600.00) in full satisfaction of my filing requirements.

Thank you,

X
Joseph Shimron
Director