

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000037784

1. Entity Name
PAPILLON OF NEW YORK, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90426 022 ***150.00

0405997 AV

Principal Place of Business
9070 KIMBERLY BLVD
BOCA RATON FL 33020

Mailing Address
9070 KIMBERLY BLVD
BOCA RATON FL 33020



2. Principal Place of Business

3. Mailing Address

17290 NE 19 Ave

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
No. MIAMI BEACH, FL

4. FEI Number 65-1096546

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLAPHOILZ, JOSEPH P
2500 HOLLYWOOD BLVD STE 212
HOLLYWOOD FL 33020

Name
MARTIN ALMAN

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

17290 NE 19 Ave

City No. MIAMI BEACH, FL FL Zip Code 33162

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 *Martin H. Alman* MARTIN H. ALMAN 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME TOLNAI, ROBERT
STREET ADDRESS 9070 KIMBERLY BLVD
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

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

TITLE D
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STREET ADDRESS 9070 KIMBERLY BLVD
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert Tolnai ROBERT TOLNAI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

Daytime Phone #

CR2E034 (10/02)