

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

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90147 038 \*\*\*150.00

0145265 AB

**DOCUMENT # P01000115371**

1. Entity Name

**5252 TAMPA ASSOCIATES, INC.**



Principal Place of Business  
**71 SOUTH BEDFORD ROAD  
MT. KISCO NY 10549**

Mailing Address  
**71 SOUTH BEDFORD ROAD  
MT. KISCO NY 10549**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2991846**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAFLEY, MICHAEL K  
2051 RANGE RD  
CLEARWATER FL 34625**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MATLIN, GERALD W  
71 SOUTH BEDFORD ROAD  
MT. KISCO NY 10549** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SILVER, MARTIN  
71 S BEDFORD RD  
MOUNT KISCO NY 10549** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CIARLETTA, PERRY  
71 S BEDFORD RD  
MOUNT KISCO NY 10549** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
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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 and all other like empowered.

SIGNATURE:

**SIGNATURE OF OFFICER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/03

Daytime Phone #

CR2E034 (4/03)

80135640

TO: FLORIDA DEPARTMENT OF STATE

FROM: GERALD MATLIN, DIRECTOR

RE: REQUEST FOR WAIVER OF LATE FEE

DATE: JULY 29, 2003

ENTITY NAME: 5252 TAMPA ASSOCIATES, INC  
DOCUMENT # P01000115371

PLEASE NOTE THAT THIS IS THE FIRST NOTICE WE HAVE RECEIVED FOR THIS-FILING. WE RESPECTIVELY REQUEST THAT YOU WAIVE THE LATE FEE.

THANK YOU VERY MUCH.