

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90213 034 ***150.00

DOCUMENT # P11577

1. Entity Name
HALLMAN & LORBER ASSOCIATES, INC.



Principal Place of Business
**70 EAST SUNRISE HWY.
SUITE 411
VALLEY STREAM, NY 11581**

Mailing Address
**787 7TH AVENUE
49TH FLOOR
NEW YORK, NY 10019**

94070746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

11-2357233

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

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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 PD ☐ Delete
NAME LORBER, HOWARD M.
STREET ADDRESS 8061 FISHER ISLAND DR
CITY-ST-ZIP FISHER ISLAND, FL 33109

TITLE **PTSD** ☐ Change ☐ Addition
NAME **Lorber, Howard**
STREET ADDRESS **70 East Sunrise Hwy, Ste 411**
CITY-ST-ZIP **Valley Stream, NY 11581**

TITLE V ☐ Delete
NAME LIESER, LORI M
STREET ADDRESS 500 W. MADISON, SUITE 3650
CITY-ST-ZIP CHICAGO, IL 60661

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

TITLE V ☐ Delete
NAME OLSON, STEPHANIE S
STREET ADDRESS 787 SEVENTH AVE. 49TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019

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

TITLE D ☐ Delete
NAME LIEBOWITZ, MICHAEL
STREET ADDRESS 70 E. SUNRISE HWY, #411
CITY-ST-ZIP VALLEY STREAM, NY 11581

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

TITLE D ☐ Delete
NAME BECKER, LAWERANCE
STREET ADDRESS 787 SEVENTH AVE. 49TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019

TITLE **D** ☒ Change ☐ Addition
NAME **Zuccaro, Robert**
STREET ADDRESS **787 Seventh Ave, 49th Floor**
CITY-ST-ZIP **New York, NY 10019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Zuccaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 312-985-5700

Date

Daytime Phone #