

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90041 047 ***150.00

DOCUMENT # P19565

1. Entity Name

F&S DISPOSITION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
136 Madison Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6th Fl., Tax Dept.

City & State

City & State

New York, NY

Zip
10016

Country
USA

Zip

Country

4. FEI Number

31-1105074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
The Prentice-Hall Corp. System, Inc.

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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

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
**P
Camera, Nicholas
1271 Avenue of Americas, 44th Fl
New York, NY 10020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Berns, Steven
1270 Avenue of Americas, 7th Fl.
New York, NY 10020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Hoey, Marge
1271 Avenue of Americas, 44th Fl.
New York, NY 10020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Mason, Arthur
1270 Avenue of Americas, 7th Fl.
New York, NY 10020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

Arthur Mason

Vice President

1/13/03

(212) 621-5706

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)