

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28841

1. Entity Name

DORBY FROCKS, LTD. CORPORATION

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90076 045 \*\*\*150.00

Principal Place of Business

SEVENTH AVENUE  
YORK NY 10018

Mailing Address

463 SEVENTH AVENUE  
NEW YORK NY 10018-7604

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-1833444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, BEVERLY  
10205 COLLINS AVE  
BAL HARBOR FL 33154

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, STANLEY	
STREET ADDRESS	463 SEVENTH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIDOFF, RICHARD S.	
STREET ADDRESS	51 EAST 42ND STEET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDEN, RICHARD L.	
STREET ADDRESS	463 SEVENTH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDEN, ANN	
STREET ADDRESS	463 SEVENTH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, BEVERLY	
STREET ADDRESS	10205 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 17 2000

Date

Daytime Phone #

CR2E034 (9/99)