

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 13-1833444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Stanley Schwartz* **APR 17 2000** 112 695-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)