

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90071 031 \*\*\*150.00

0575634 AT

**DOCUMENT # P36465**

1. Entity Name  
**FAYETTE CAPITAL, INC.**

Principal Place of Business  
**225 LIBERTY ST**  
**SO TWR 14TH FLR**  
**NEW YORK NY 10080-108**  
**US**

Mailing Address  
**255 LIBERTY ST**  
**SO TWR 14TH FLR**  
**NEW YORK NY 10080-108**  
**US**



2. Principal Place of Business

3. Mailing Address

**95 Greene St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7th Fl.**

City & State

City & State

**Jersey City, NJ**

4. FEI Number

**13-3640945**

Applied For

Not Applicable

Zip

Country

Zip

**07302**

Country

**Hudson**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD.**  
**1406 HAYS STREET #2**  
**TALLAHASSEE FL 32301**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BROWN, JAMES A 250 VESEY STREET 10 FLOOR NEW YORK NY 10281</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS VALENTI, JOSEPH S. 225 LIBERTY ST S TWR 14FL NEW YORK NY 10080</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT VALLE, CARLOS 250 VESEY STREET 10 FLOOR NEW YORK NY 10281</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS TOMASELLI, JEAN 250 VESEY STREET NEW YORK NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAST TOONE, KIRA J 225 LIBERTY STREET, SO. TWR- 14TH FLR NEW YORK NY 10080</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

**John J. Zorne**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/02 (201) 671-0230**  
 Date Daytime Phone #

CR2E034 (9/01)