

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36593

1. Entity Name
MARTIN SASS, INC.

Principal Place of Business
86 MAPLE AVE.
NEW CITY NY 10956

Mailing Address
86 MAPLE AVE.
NEW CITY NY 10956

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-2647513

Applied For
Not Applicable

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

SASS, MARTIN
704 BRIDGEWOOD DR.
BOCA RATON FL 33434

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

REINSTATEMENT ☒ 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME SASS, MARTIN
STREET ADDRESS 704 BRIDGEWOOD DRIVE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE
NAME 800004721148-9
STREET ADDRESS -12/12/01--01075--022
CITY-ST-ZIP ****750.00 ****750.00

TITLE VP
NAME SASS, ANITA
STREET ADDRESS 15 HEMLOCK TRAIL
CITY-ST-ZIP NEW CITY NY 10956

TITLE
NAME
STREET ADDRESS 418 MCEWEN ST
CITY-ST-ZIP WARWICK, NY 10990

TITLE
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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 REQUIRED

OCT 1 2001 845-634-1331

FILED

01 DEC -3 PM 5:26

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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CR0304 (5/01)