2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED DOCUMENT # **P93000036163** Mar 03, 2000 8:00 am 1. Entity Name HOWARD ACQUIRING CORP. **Secretary of State** 03-03-2000 90239 030 ***150.00 Principal Place of Business Mailing Address 777 S FLAGLER DR C/O MICHELLE MACK 625 MADISON AVE. 11TH FLOOR S-310(EAST) PALM BEACH FL 33401 NY NY 10022-1801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3757169 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEMS INC. Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST** SUITE 105 TALLAHASSEE FL 32301 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Change Addition TITI F TITLE ☐ Delete GITTIS, HOWARD NAME NAAAF STREET ADDRESS STREET ADDRESS 35 EAST 62ND ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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