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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 18, 2001 8:00 am P93000074554 DOCUMENT # **Secrétary of State** 1. Entity Name T.R. ASSOCIATES PROPERTY, INC. 07-18-2001 90006 027 ***550 00 Principal Place of Business Mailing Address 112-19 69TH AVE 112-19 69TH AVE -C0073514 FOREST HILL NY 11375 FOREST HILL NY 11375 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 11-3182085 Not Applicable 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 BLAXBERG, GRAYSON & SINGER, P.A. Street Address (P.O. Box Number is Not Acceptable) 25 SE SECOND AVE **SUITE 730** MIAMI FL 33131 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Delete Change TITLE TITLE SINGER, SEYMOUR N NAME NAME STREET ADDRESS 25 SE SECOND AVE SUITE 730 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP **Z**Delete Addition TITLE TITLE ે Change DP HORNGRAD, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 112-19 69TH AVE CITY-ST-ZIP CITY-ST-7IP FOREST HILLS NY 11375 TITLE - ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 hame appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.