

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90068 045 \*\*\*150.00

**DOCUMENT # P94000016956**

1. Entity Name  
**BAY TERRACE CLUB, INC.**



Principal Place of Business  
**4 EAST 28TH STREET  
NEW YORK, NY 10016 US**

Mailing Address  
**C/O EDWARD KORN  
450 SEVENTH AVE #1109  
NEW YORK, NY 10123 US**

**40007235**



2. Principal Place of Business  
**16 WEST 36TH ST**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 8-A**

Suite, Apt. #, etc.

City & State  
**NEW YORK, NY**

City & State

Zip  
**10018** Country  
**USA**

Zip Country

01132006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0476071** 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

**LABOCK, VERED  
400 LELIE DRIVE #910  
HALLANDALE, FL 33009**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLAZER, RONEN 312 WEST 55TH STREET NEW YORK, NY 10019	<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	V BEIT-HALCHMAY, DAVID 11 LYNN DRIVE ENGLEWOOD, NJ 07631	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #