

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90014 021 ***150.00

DOCUMENT # P94000016956

1. Entity Name

BAY TERRACE CLUB, INC.



Principal Place of Business

16 W. 36TH ST
SUITE 8-A
NEW YORK NY 10018
US

Mailing Address

C/O EDWARD KORN
450 SEVENTH AVE #1109
NEW YORK NY 10123
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

490 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTHPORT, NY

Zip

Country

Zip

Country

11768-1953

USA

1st MOORE

CR2E034 (10/06)

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/07

FILE NOW!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	V BEIT-HALCHMAY, DAVID 11 LYNN DRIVE ENGLEWOOD NJ 07631	<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"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

5/1/07