

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90252 022 \*\*\*150.00

**DOCUMENT # P94000016956**

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



Principal Place of Business  
**16 W. 36TH ST  
SUITE 8-A  
NORTHPORT, NY 11768-1951 US**

Mailing Address  
**40 EDWARD KORN PC  
490 MAIN ST.  
450 SEVENTH AVE #1100  
NEW YORK, NY 10123 US  
NORTHPORT, NY 11768**

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

3. Mailing Address

**490 MAIN ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**NORTHPORT, NY**

Zip

Country

Zip

**11768**

Country

**USA**

04152008

Chg-P

CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent

Name  
**RON GLAZER**

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

**3101 SOUTH OCEAN DRIVE # 2801**

City

**HOLLYWOOD BEACH**

FL

Zip Code

**33019**

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, 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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GLAZER, RONEN  
312 WEST 56TH STREET  
NEW YORK, NY 10019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BEIT-HALCHMAY, DAVID  
11 LYNN DRIVE  
ENGLEWOOD, NJ 07631** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GLAZER, RONEN  
3101 SOUTH OCEAN DRIVE # 2801  
HOLLYWOOD BEACH, FLA 33019** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/09**