

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-28-2002 91735 014 ***150.00

DOCUMENT # P94000036101

1. Entity Name

COUNTER SPY SHOP OF MAYFAIR LTD., INC.

Principal Place of Business

600 BRICKELL AVE. STE. 600
 MIAMI FL 33131
 US

Mailing Address

600 BRICKELL AVE. STE. 600
 MIAMI FL 33131
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0573113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WASSERMAN, RICHARD W
 420 LINCOLN RD.
 #258
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELICE, TOM 380 MADISON AVE NEW YORK NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMIL, BEN 380 MADISON AVE NEW YORK NY 10017	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MENAHEM 600 BRICKELL AVE #600 MIAMI FL 33139	☐ 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		☐ Change ☐ Addition
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CR2ED34 (8/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #