

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061490

1. Entity Name
ASTORIA LTD. INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90030 050 ***150.00

Principal Place of Business
77-170TH AVE E
N REDINGTON BCH FL 33708
US

Mailing Address
17023 DOLPHIN DRIVE
N. REDINGTON BEACH FL 33708

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3330239**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BALDANZA, JAMES
17023 DOLPHIN DRIVE
N. REDINGTON BEACH FL 33708

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2001 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
TITLE **D** ☐ Delete
NAME **BALDANZA, JAMES**
STREET ADDRESS **17023 DOLPHIN DRIVE**
CITY-ST-ZIP **N. REDINGTON BEACH FL 33708**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Baldanza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 727 397 8031
Date Daytime Phone #

0360476

CR2E034 (10/00)