

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90020 013 ***150.00

DOCUMENT # P96000060129

1. Entity Name
350 REALTY CORP.



Principal Place of Business
250 WORTH AVENUE
UNIT 4
PALM BEACH, FL 33480

Mailing Address
250 WORTH AVENUE
UNIT 4
PALM BEACH, FL 33480

400529300



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0707994

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANDELSMAN, BURTON
250 WORTH AVENUE
PALM BEACH, FL 33480

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. 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 VPST
NAME STOCKER, MARSHA ☐ Delete
STREET ADDRESS 18 HOTEL DRIVE
CITY-STATE-ZIP WHITE PLAINS, NY 10605

TITLE TD
NAME HEASLIP, SANDY ☒ Delete
STREET ADDRESS 18 HOTEL DR
CITY-STATE-ZIP WHITE PLAINS, NY 10605

TITLE VPST
NAME HANDELSMAN, LUCILLE ☐ Delete
STREET ADDRESS 18 HOTEL DRIVE
CITY-STATE-ZIP WHITE PLAINS, NY 10605

TITLE PD
NAME HANDELSMAN, BURTON ☐ Delete
STREET ADDRESS 18 HOTEL DR
CITY-STATE-ZIP WHITE PLAINS, NY 10605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPST ☒ Change ☐ Addition
NAME Stocker, Marsha
STREET ADDRESS 5 Love Lane
CITY-STATE-ZIP Harrison, NY 10528

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

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

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

TITLE TD ☐ Change ☒ Addition
NAME Handelsman, Steven
STREET ADDRESS 7 Love Lane
CITY-STATE-ZIP Harrison, NY 10528

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

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 #

BURTON HANDELSMAN

3-6-08