

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90054 024 \*\*\*150.00

**DOCUMENT # P98000029649**  
**1. Entity Name**  
**S & B 42ND STREET PUB, INC.**

Principal Place of Business	Mailing Address
111 BRINY AVE., APT. 1903 POMPANO BEACH FL 33062	111 BRINY AVE., APT. 1903 POMPANO BEACH FL 33062

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0825984</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DERY, BELA  
111 BRINY AVE., APT. 1903  
POMPANO BEACH FL 33062

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>FL</b> </div> 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DERY, BELA 111 BRINY AVE., APT. 1903 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DERY, SHLOMO 111 BRINY AVE., APT. 1903 POMPANO BEACH FL 33062 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete

[illegible]

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 employees.

**SIGNATURE:** SIGNATURE REQUIRED 4-30-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)