

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90210 024 ***150.00

DOCUMENT #

1. Entity Name

P98000089441



FERIC CONSTRUCTION CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

477 MADISON AVENUE

3. Mailing Address

477 MADISON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

24TH FLOOR

24TH FLOOR

City & State

City & State

NEW YORK, NY

NEW YORK, NY

Zip

10022

Country

USA

Zip

10022

Country

USA

4. FEI Number

61-1334950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

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

526 E. PARK AVE.

City

TALLAHASSEE

FL

Zip Code
32301

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IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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
COB
GREENFIELD, MARVIN E.
477 MADISON AVE. - 24TH FLOOR
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROSEN, PAUL
1 N.E. FIRST STREET, STE 700
MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FELICIA RUBIN
254 EAST 68TH STREET - 14A
NEW YORK, NY 10021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KARDOS, JUDITH
477 MADISON AVE. - 24th floor
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
GREENFIELD BARBARA
477 MADISON AVENUE - 24th floor
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. 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 10 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 #

CR2E034B (12/02)