

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90244 045 ***150.00

DOCUMENT # P98000104629

1. Entity Name
DIRAH HOLDINGS, INC.

Principal Place of Business

80-83 GREENFELL STREET
KEW GARDENS NY 11415

Mailing Address

80-83 GREENFELL STREET
KEW GARDENS NY 11415

00088306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

as above

Suite, Apt. #, etc.

3. Mailing Address

as above

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0992159

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 title if applicable.

(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, 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

PD
FARKAS, PAIGE
314 OGDEN AVENUE
TEANECK NJ 07666

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
APPLEBAUM, ERIC
323 OGDEN AVENUE
TEANECK NJ 07666

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
APPLEBAUM, JASON
80-83 GREENFELL ST.
KEW GARDENS NY 11415

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
FARKAS, BARRY
314 OGDEN AVENUE
TEANECK NJ 07666

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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:

Paige Farkas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4/15/02
Date

(718) 849-1086
Daytime Phone #

CR2E034 (9/01)