

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90374 035 ***150.00

DOCUMENT # F97000000906

1. Entity Name
PAGE PLAZA MANAGEMENT CORPORATION

Principal Place of Business
C/O WHARTON REALTY GROUP
2100 ROUTE 35, SUITE A
SEA GIRT NJ 08750

Mailing Address
C/O PLAY KNITS
240 WEST 40TH ST
NY NY 10018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3498649**

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	TAWIL, SAUL R	
STREET ADDRESS	C/O 2100 ROUTE 35, SUITE A	
CITY-ST-ZIP	SEA GIRT NJ 08750	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MASSRY, DANIEL	
STREET ADDRESS	C/O 2100 ROUTE 35, SUITE A	
CITY-ST-ZIP	SEA GIRT NJ 08750	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTTON, SHARON	
STREET ADDRESS	C/O 2100 ROUTE 35, SUITE A	
CITY-ST-ZIP	SEA GIRT NJ 08750	
TITLE	D	<input type="checkbox"/> Delete
NAME	SITT, MARILYN	
STREET ADDRESS	C/O 2100 ROUTE 35, SUITE A	
CITY-ST-ZIP	SEA GIRT NJ 08750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date _____ Daytime Phone # **2123910170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)