

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90007 010 ***150.00

DOCUMENT # L95640

1. Entity Name
A1A CORNER OF JOHNSON STREET REAL ESTATE CORP.

Principal Place of Business 349 JOHNSON STREET HOLLYWOOD BEACH FL 33019	Mailing Address 18 E 42ND STREET NEW YORK NY 10017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 8 East 41st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6th Floor
City & State	City & State New York, NY
Zip	Country 10017 NYC

4. FEI Number 65-0220023	Applied For <input type="checkbox"/> Not Applicable
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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

**LEVY, SHAUL
 C/O WINGS
 349 JOHNSON STREET
 HOLLYWOOD BEACH FL 33019**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVY, SHAUL 18 EAST 42ND STREET NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, MEIR 18 EAST 42ND STREET NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
Date

Daytime Phone #

CRE034 (10/00)