

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90020 020 \*\*\*150.00

FORM 1A

**DOCUMENT # P01000074771**

1. Entity Name  
**WALNUT STATION, INC.**

Principal Place of Business  
**1717 SOUTH OCEAN BOULEVARD  
 POMPANO BEACH FL 33062**

Mailing Address  
**215 BEACH 147TH STREET  
 NEPONSIT NY 11694**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**C/O - NORTON, 3310 N.E. 33 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FORT LAUDERDALE, FL**

4. FEI Number  
**65-128273**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33308 BROWARD**

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

**LAMBERTUS, ARTHUR W  
 2929 E. COMMERCIAL BOULEVARD  
 SUITE 604  
 FORT LAUDERDALE FL 33308**

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, 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROTHSTEIN, J P</b>
STREET ADDRESS	<b>101 WOOSTER STREET #3F</b>
CITY-ST-ZIP	<b>NEW YORK NY 10012</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CINCOTTA, DOMINICK</b>
STREET ADDRESS	<b>215 BEACH 147 STREET</b>
CITY-ST-ZIP	<b>NEPONSIT NY 11694</b>
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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: **X** *Dominick Cincotta* **DOMINICK CINCOTTA** PRESIDENT **X** 1/28/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)