

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90036 049 ***150.00

DOCUMENT # P95000049015

1. Entity Name
500 EIGHTH AVENUE, INC.

Principal Place of Business

Mailing Address

~~701 SE 6 AVE~~
~~SUITE 204~~
~~DELRAY BEACH FL 33483~~

~~701 SE 6 AVE~~
~~SUITE 204~~
~~DELRAY BEACH FL 33483~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

50 E. Sample Road

Suite, Apt. #, etc.

400

City & State

Pompano Beach, FL

Zip
33064

Country
USA

3. Mailing Address

50 E. Sample Road

Suite, Apt. #, etc.

400

City & State

Pompano Beach, FL

Zip
33064

Country
USA

4. FEI Number **65-0597547**

Applied For
 Not Applicable

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

SCHEER, DANA M

~~701 SE 6 AVE~~ **50 E. Sample Road**
~~SUITE 204~~ **Suite 400**
~~DELRAY BEACH FL 33483~~ **Pompano Beach, FL 33064**

Name

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

50 E. Sample Road

Suite 400

City
Pompano Beach

FL Zip Code
33064

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, 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 **D** Delete
 NAME **FLORESCUE, BARRY W**
 STREET ADDRESS **701 SE 6 AVE SUITE 204**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

Change Addition
 TITLE Delete
 NAME
 STREET ADDRESS **50 E. Sample Road, #400**
 CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE **D** Delete
 NAME **BERLEY, DAVID**
 STREET ADDRESS **419 PARK AVE S**
 CITY-ST-ZIP **NEW YORK NY 10016**

Change Addition
 TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FARBER, MORTON**
 STREET ADDRESS **255 EXECUTIVE DR SUITE 215**
 CITY-ST-ZIP **PLAINVIEW NY 11803**

Change Addition
 TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE Delete
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Change Addition
 TITLE Delete
 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Morton Farber

Date: **4/28/01**
 Daytime Phone #

CR2E034 (10/00)