

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90468 029 \*\*\*150.00

DOCUMENT # P98000045704

1. Entity Name

**FAV INC**

Principal Place of Business **FAV INC** Mailing Address

**40 LIBS ENTERPRISES**  
**1975 HEMPSTEAD TPKE, STE. 201**  
**EAST MEADOW, NY 11554**

**80068687**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22-3599875**

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

**SAPIR, M. RICHARD** **L.L.P.**  
**KAYE, SCHOLER, FIERMAN, HAYX HANDLER**  
**777 SO FLAGLER DR WESTOWER STE 1002-900**  
**WEST PALM BEACH FL 33401**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRANK PAPPACODA</b>	
STREET ADDRESS	<b>547 KIME AVE</b>	
CITY-ST-ZIP	<b>WEST ISLIP NY 11795</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>VINCENT FERRAR</b>	
STREET ADDRESS	<b>141-11 11TH AVE</b>	
CITY-ST-ZIP	<b>MALBA NY</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CIVITANO, ANTHONY</b>	
STREET ADDRESS	<b>165 PACE DR</b>	
CITY-ST-ZIP	<b>WEST ISLIP NY</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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>167-15 12TH AVE.</b>	
CITY-ST-ZIP	<b>WHITESTONE, NY 11357</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Frank Pappacoda**

**4-1-02** **516-542-1053**