

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026387

1. Entity Name

LVI DEMOLITION SERVICES INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90022 039 ***150.00

Principal Place of Business

2630 W 2ND PLACE
DENVER CO 80219
US

Mailing Address

470 PARK AVENUE, SOUTH, 11TH FLOOR
NEW YORK NY 10016

2. Principal Place of Business

470 PARK AVENUE SOUTH

Suite, Apt. #, etc.

NEW YORK, NEW YORK

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

10016

Country

USA

Zip

Country

4. FEI Number

13-3879343

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

Name

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

City

FL

Zip Code

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2000 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	VD	<input type="checkbox"/> Delete
NAME	COTRONE, PAUL S	
STREET ADDRESS	470 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NE	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ANNAROMA, JOSEPH M	
STREET ADDRESS	470 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIED, BURTON T	
STREET ADDRESS	470 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOKELL, DAVID M	
STREET ADDRESS	10500 TELEPHONE RD	
CITY-ST-ZIP	HOUSTON TX 77075	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRONZATO, WILLIAM JR.	
STREET ADDRESS	436 CREAMERY WAY, STE A	
CITY-ST-ZIP	EXTON PA 19341	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTRONE, PAUL S	
STREET ADDRESS	470 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK, NEW YORK 10016	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNARUMMA, JOSEPH M	
STREET ADDRESS	470 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIED, BURTON T	
STREET ADDRESS	470 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THANASIDES, JOHN	
STREET ADDRESS	1416 SOUTH BOUNDARY STREET	
CITY-ST-ZIP	SALISBURY, NC 28144	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

(212) 951-3668

Daytime Phone #

3/31/00