

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90106 011 ***150.00

DOCUMENT # P96000026387

1. Entity Name
LVI DEMOLITION SERVICES INC.

Principal Place of Business

**470 PARK AVENUE SOUTH
NEW YORK NY 10016
US**

Mailing Address

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

2. Principal Place of Business

80 Broad Street

Suite, Apt. #, etc.

3rd Floor

City & State

New York, New York

Zip

10004

Country

U.S.A.

3. Mailing Address

80 Broad Street

Suite, Apt. #, etc.

3rd Floor

City & State

New York, New York

Zip

10004

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 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 **VD** ☐ Delete
NAME **COTRONE, PAUL S**
STREET ADDRESS **470 PARK AVENUE SOUTH**
CITY-ST-ZIP **NEW YORK NE**

TITLE **TS** ☐ Delete
NAME **ANNAROMA, JOSEPH M**
STREET ADDRESS **470 PARK AVENUE SOUTH**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ Delete
NAME **FRIED, BURTON T**
STREET ADDRESS **470 PARK AVENUE SOUTH**
CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☐ Delete
NAME **DOKELL, DAVID M**
STREET ADDRESS **10500 TELEPHONE RD**
CITY-ST-ZIP **HOUSTON TX 77075**

TITLE **V** ☐ Delete
NAME **PRONZATO, WILLIAM JR.**
STREET ADDRESS **436 CREAMERY WAY, STE A**
CITY-ST-ZIP **EXTON PA 19341**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Change ☐ Addition
NAME **COTRONE, PAUL S.**
STREET ADDRESS **80 Broad Street, 3rd Floor**
CITY-ST-ZIP **New York, New York 10004**

TITLE **TS** ☒ Change ☐ Addition
NAME **ANNARUMMA, Joseph M.**
STREET ADDRESS **80 Broad Street, 3rd Floor**
CITY-ST-ZIP **New York, New York 10004**

TITLE **PD** ☒ Change ☐ Addition
NAME **Fried, Burton T.**
STREET ADDRESS **80 Broad Street, 3rd Floor**
CITY-ST-ZIP **New York, New York 10004**

TITLE **V** ☒ Change ☐ Addition
NAME **Dokell, David M.**
STREET ADDRESS **1416 South Boundary Street**
CITY-ST-ZIP **Shilisbury, NC 28144**

TITLE **V** ☒ Change ☐ Addition
NAME **PRONZATO, William JR.**
STREET ADDRESS **415 Boot Rd.**
CITY-ST-ZIP **Downingtown, PA 19335**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)