

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V72531

FILED
Mar 20, 2002 8:00 AM
Secretary of State

Entity Name: CHOLDERM INC.

Current Principal Place of Business:

% MITCHLL J. MANDEL
1 POLO DR
OLD WESTBURY, NY 11568 US

Current Mailing Address:

% MITCHLL J. MANDEL
1 POLO DR
OLD WESTBURY, NY 11568 US

FEI Number: 65-0366236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

MITCHELL J. MANDEL
1 POLO DR
OLD WESTBURY, NY 11568 US

New Mailing Address:

MITCHELL J. MANDEL
1 POLO DR
OLD WESTBURY, NY 11568 US

Name and Address of Current Registered Agent:

GROSS, GAIL
6343 VIA DE SONRISA DEL SUR STE 255
BOCA RATON, FL 33433

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: MANDEL, MITCHELL J M.D.
Address: 1 POLO DR
City-St-Zip: OLD WESTBURY, NY 11568

Title: D () Delete
Name: WACHTER, DAVID S
Address: 20 EAST 74TH ST., APT. 3A
City-St-Zip: NEW YORK, NY

Title: D () Delete
Name: LAFF, CHARLES A
Address: 1048 WEST WEBSTER AVE.
City-St-Zip: CHICAGO, IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL J. MANDEL, M.D.

CEO

03/20/2002

Electronic Signature of Signing Officer or Director

_____ Date