

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90289 032 ***150.00

DOCUMENT # P96000026387

1. Entity Name
LVI ENVIRONMENTAL SERVICES, INC.



Principal Place of Business
**80 BROAD STREET
3RD FLOOR
NEW YORK NY 10004
US**

Mailing Address
**80 BROAD STREET
3RD FLOOR
NEW YORK NY 10004
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3879343**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CUTRONE, PAUL S	
STREET ADDRESS	80 BROAD STREET, 3RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ANNARUMMA, JOSEPH M	
STREET ADDRESS	80 BROAD STREET, 3RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIED, BURTON T	
STREET ADDRESS	80 BROAD STREET, 3RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOKELL, DAVID M	
STREET ADDRESS	1416 SOUTH BOUNDARY STREET	
CITY-ST-ZIP	SALISBURY NC 28144	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRONZATO, WILLIAM JR.	
STREET ADDRESS	415 BOOT RD	
CITY-ST-ZIP	DOWNINGTOWN PA 19335	
TITLE	P	<input type="checkbox"/> Delete
NAME	RYMERS, DAVID	
STREET ADDRESS	8005 CESSNA AVE	
CITY-ST-ZIP	GAITHERSBURG MD 20879	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fried, Burton T	
STREET ADDRESS	80 Broad street, 3rd Floor	
CITY-ST-ZIP	New York, NY 10004	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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 (10/02)