

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000002808

**Entity Name:** UNIMAS ORLANDO INC.

**Current Principal Place of Business:**

500 FRANK W BURR BLVD  
TEANECK, NJ 07666

**Current Mailing Address:**

500 FRANK W BURR BLVD  
TEANECK, NJ 07666 US

**FEI Number:** 52-1908346

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name LORI, PETER H.  
Address 500 FRANK W BURR BLVD  
City-State-Zip: TEANECK NJ 07666

Title DIRECTOR/SECRETARY  
Name SCHWARTZ, JONATHAN  
Address 500 FRANK W BURR BLVD  
City-State-Zip: TEANECK NJ 07666

Title ASST. SECRETARY  
Name ACEVES, JOHN PAUL  
Address 500 FRANK W BURR BLVD  
City-State-Zip: TEANECK NJ 07666

Title TREASURER  
Name MCCANN, SHAWN  
Address 500 FRANK W BURR BLVD  
City-State-Zip: TEANECK NJ 07666

Title PRESIDENT  
Name SADUSKY, VINCENT  
Address 500 FRANK W BURR BLVD  
City-State-Zip: TEANECK NJ 07666

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN PAUL ACEVES

**ASST. SECRETARY**

**03/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date