

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 334649

1. Entity Name

MILES MELDISCO K-M LAUDERHILL FLA INC 3950

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90382 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1501 N.W. 40TH AVENUE  
 LAUDERHILL FL 33310

933 MACARTHUR BLVD  
 MAHWAH NJ 07430-2045  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2621703

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UNITED STATES CORPORATION COMPANY  
 1201 HAYES STREET  
 STE. 105  
 TALLAHASSEE FL 32301

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, 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

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | V                   | <input type="checkbox"/> Delete            |
| NAME           | PROFFITT, RANDALL S |  |
| STREET ADDRESS | 933 MACARTHUR BLVD. |  |
| CITY-ST-ZIP    | MAHWAH NJ           |  |
| TITLE          | PD                  | <input type="checkbox"/> Delete            |
| NAME           | SHEPARD, JEFFREY    |  |
| STREET ADDRESS | 933 MACARTHUR BLVD. |  |
| CITY-ST-ZIP    | MAHWAH NJ           |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> Delete |
| NAME           | PALIZZI, ANTHONY    |  |
| STREET ADDRESS | 3100 W.BIG BEAVER   |  |
| CITY-ST-ZIP    | TROY MI             |  |
| TITLE          | AT                  | <input type="checkbox"/> Delete            |
| NAME           | BAUMLIN, THOMAS     |  |
| STREET ADDRESS | 933 MACARTHUR BLVD. |  |
| CITY-ST-ZIP    | MAHWAH NJ 07430     |  |
| TITLE          | AT                  | <input checked="" type="checkbox"/> Delete |
| NAME           | JOHNSON, MARK       |  |
| STREET ADDRESS | 933 MACARTHUR BLVD. |  |
| CITY-ST-ZIP    | MAHWAH NJ           |  |
| TITLE          | S                   | <input type="checkbox"/> Delete            |
| NAME           | RICHARDS, MAUREEN   |  |
| STREET ADDRESS | 933 MAC ARTHUR BLVD |  |
| CITY-ST-ZIP    | MAHWAH NJ           |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                       |  |
|----------------|---------------------------------------|--|
| TITLE          | KATHLEEN GUINNESSEY                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                                       |  |
| STREET ADDRESS | 933 MacARTHUR BLVD., MAHWAH, NJ 07430 |  |
| CITY-ST-ZIP    |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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

RANDALL S. PROFFITT

APR 18 2000

Date

Daytime Phone #

(201) 934-2000

CR2E034 (9/99)