## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2000 8:00 am Secretary of State **DOCUMENT # 500453** MELDISCO K-M FT. PIERCE, FLA., INC. 05-01-2000 90378 008 \*\*\*150.00 Principal Place of Business Mailing Address 2111 S. FEDERAL HWY. 933 MACARTHUR BLVD MAHWAH NJ 07430-2045 FT. PIERCE FL 33450 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-2102969 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET STE. 105 TALLAHASSEE FL 32301 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/ 11. ✓ Addition Change TITLE ☐ Delete KATHLEEN GUINNESSEY PROFFITT, RANDALL S. NAME NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. 933 MacARTHUR BLVD., MAHWAH AU CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ ☐ Change ☐ Addition Delete TITLE TITLE SHEPARD, JEFFREY NAME NAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LA HAWHAM ☐ Change Addition TITLE ☐ Delete TITLE RICHARDS, MAUREEN NAME NAME STREET ADDRESS 933 MACARTHUR BLVD STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP MAHWAH NJ Delete ☐ Change ☐ Addition TITLE PALIZZI, ANTHONY NAME STREET ADDRESS STREET ADDRESS 3100 W.BIG BEAVER TROY MI CITY-ST-7IE CITY-ST-ZIP Delete Change \ □ Addition TITLE TITLE WOJNO, THOMAS NAME NAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ Addition TITLE ☐ Delete TITLE ☐ Change **BAUMIN, THOMAS** NAME NAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP MAHWAH NJ

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 OF DIRECTOR

Date

Date

Date

Daytime Phone #