

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 606604

1. Entity Name

MELDISCO K-M DAVIE, FLA., INC.

2613

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

05-01-2000 90057 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1901 S UNIVERSITY DR  
DAVIE FL 33314  
US

933 MACARTHUR BLVD.  
MAHWAH NJ 07430-2045

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

22-2236932

Applied For

Not Applicable

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 HAYS STREET  
SUITE 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME D  
STREET ADDRESS PALIZZI, ANTHONY  
CITY-ST-ZIP 3100 W BIG BEAVER  
TROY, MI 00000

TITLE ☐ Change ☒ Addition  
NAME KATHLEEN GUINNESSSEY  
STREET ADDRESS 933 MacARTHUR BLVD., MAHWAH, NJ 07430  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS PROFFITT, RANDALL S  
CITY-ST-ZIP 933 MACARTHUR BLVD.  
MAHWAH NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME AT  
STREET ADDRESS WOJNO, THOMAS  
CITY-ST-ZIP 933 MACARTHUR BLVD.  
MAHWAH NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS RICHARDS, MAUREEN  
CITY-ST-ZIP 933 MACARTHUR BLVD  
MAHWAH NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P  
STREET ADDRESS SHEPARD, JEFFREY  
CITY-ST-ZIP 933 MACARTHUR BLVD.  
MAHWAH NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME AT  
STREET ADDRESS BAUMIN, THOMAS  
CITY-ST-ZIP 933 MACARTHUR BLVD.  
MAHWAH NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN GUINNESSSEY

APR 18 2000

(201) 934-2000

Date

Daytime Phone #