FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am **DOCUMENT # 694907 Secretary of State** 1. Entity Name AURIGA BUILDING CORP. 03-20-2001 90057 011 ***150.00 Principal Place of Business Mailing Address 62 COLONY DRIVE 62 COLONY DRIVE HOLBROOK NY 11741 HOLBROOK NY 11741-2881 817726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number **Applied** For 11-2574701 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBANO, CARMINE C Street Address (P.O. Box Number is Not Acceptable) 7332 ESTRELLA CT. **BOCA RATON FL 33433** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May.Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE Delete TITLE Change ALBANO, CARMINE C. NAME NAME 31 CELANO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST ISLIP NY CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change ALBANO, CARMINE C. NAME NAME 31 CELANO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST ISLIP NY ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: CALMANO 3/12/01 (631) 654-1880