

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 10:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 829611 (3)

1. Corporation Name

MUBEN REALTY COMPANY

Principal Place of Business

**530 BROAD STREET
NEWARK NJ 07102**

Mailing Address

**530 BROAD STREET
NEWARK NJ 07102**

DO NOT WRITE IN THIS SPACE.

3. Data Incorporated or Qualified

03/01/1973

3a. Date of Last Report

04/06/1994

4. FBI Number

22-1946861

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DEAS, WILLIAM J, ESQ.
606 FLETCHER BLDG, 1000 RIVERSIDE AVE
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
GALENAS, ANDREW P
520 BROAD ST
NEWARK NJ**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
MARTIN, THOMAS L
520 BROAD ST
NEWARK NJ**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
RYAN, MICHAEL S.652
520 BROAD ST
NEWARK NJ**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
FINELLI, WILLIAM A
520 BROAD ST
NEWARK NJ**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PCD
~~LYDON, THOMAS P~~
520 BROAD ST
NEWARK NJ**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DVP
CIARKOWSKI, EUGENE J
520 BROAD ST.
NEWARK NJ**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

**Vice President & Treasurer
Morgan, Thomas
520 Broad Street
Newark, NJ 07102**

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95

Date

201-481-8170

Daytime Phone #