

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91347 050 ***150.00

DOCUMENT # 837205

1. Entity Name

GANIS BROS. INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
972 NASSAU ROAD

3. Mailing Address
972 NASSAU ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
UNIONDALE, NEW YORK

City & State
UNIONDALE, NEW YORK

FEI Number
13-2734048

Applied For

Not Applicable

Zip
11553

Country
NASSAU

Zip
11553

Country
NASSAU

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JESSE GANIS

Street Address (P.O. Box Number is Not Acceptable)
1300 NE 97TH TERR

City
CORAL SPRINGS **FL** Zip Code
33065

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

**ST
RODNEY GANIS
3 MEADOW DRIVE
LOCUST VALLEY, NEW YORK**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
MONTE GANIS
2 GATEHOUSE LANE
MAMARONECK, NEW YORK**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)