

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90017 017 ***150.00

DOCUMENT # 839256

1. Entity Name

COSCO INDUSTRIES, INC.

Principal Place of Business

**56 CHURCH STREET
SPRING VALLEY NY 10977**

Mailing Address

**56 CHURCH STREET
SPRING VALLEY NY 10977**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-2908456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201-HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FINKELSTEIN, ROBERT	
STREET ADDRESS	17 SQUADRON BLVD	
CITY-ST-ZIP	NEW CITY NY 10956	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SCHMIDT, ROBERT F.	
STREET ADDRESS	7220 W. WILSON AVENUE	
CITY-ST-ZIP	HARWOOD HEIGHTS IL	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	SCHMIDT, ARTHUR W., III	
STREET ADDRESS	7150 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, ARTHUR W., JR	
STREET ADDRESS	100 HIGHWAY AVENUE	
CITY-ST-ZIP	NANUET NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TITTLE, DAVID E.	
STREET ADDRESS	30 IVY HILL RD.	
CITY-ST-ZIP	CHAPPAQUA NY	
TITLE	STV	<input type="checkbox"/> Delete
NAME	BECKER, PAUL L.	
STREET ADDRESS	6 LARKSPUR COURT	
CITY-ST-ZIP	NEW CITY NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul L. Becker
PAUL L. BECKER

Date

1/7/00

Daytime Phone #

**(914)
356-6000**

CR2E034 (9/99)