

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90523 048 ***150.00

DOCUMENT # F00000003453

1. Entity Name

THE ROBERT PLAN OF NEW YORK CORPORATION



Principal Place of Business

999 STEWART AVENUE
BETHPAGE NY 11714

Mailing Address

999 STEWART AVENUE
BETHPAGE NY 11714

34040903



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-2113016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACH, WILLIAM	
STREET ADDRESS	3730 INVERRARY DR	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARBIERI, MARIE	
STREET ADDRESS	102 JANWICH DR	
CITY-ST-ZIP	MORGANVILLE NJ 07751	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEZAMOODEEN, PHILBERT	
STREET ADDRESS	38 ROOSEVELT AVENUE	
CITY-ST-ZIP	EAST ROCKAWAY NY 11517	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLIEGRO, PAUL	
STREET ADDRESS	192 BAYVIEW AVENUE	
CITY-ST-ZIP	BAYPORT NY 11705	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALLACH, ROBERT	
STREET ADDRESS	215 FEEKS LANE	
CITY-ST-ZIP	MILL NECK NY 11765	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, JASPER	
STREET ADDRESS	134 CHESTNUT STREET	
CITY-ST-ZIP	MONTCLAIR NJ 07042	

11. 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		

12. 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 10 or Block 11 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

Date

Daytime Phone #

4-15-04

(516)
393-4000