

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90078 005 ***550.00

0118883 AT

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**

JUL 18 2003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2113016**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WALLACH, WILLIAM**
STREET ADDRESS **3730 INVERRARY DR**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☒ Delete
NAME **KARASINSKI, KENNETH**
STREET ADDRESS **8808 GREIG STREET**
CITY-ST-ZIP **SODUS POINT NY 14555**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Marie Barbieri**
STREET ADDRESS **102 Janwich Dr.**
CITY-ST-ZIP **Morganville, NJ 07751**

TITLE **S** ☐ Delete
NAME **NEZAMOODEEN, PHILBERT**
STREET ADDRESS **38 ROOSEVELT AVENUE**
CITY-ST-ZIP **EAST ROCKAWAY NY 11517**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **ALLIEGRO, PAUL**
STREET ADDRESS **192 BAYVIEW AVENUE**
CITY-ST-ZIP **BAYPORT NY 11705**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
NAME **WALLACH, ROBERT**
STREET ADDRESS **215 FEEKS LANE**
CITY-ST-ZIP **MILL NECK NY 11765**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **JACKSON, JASPER**
STREET ADDRESS **134 CHESTNUT STREET**
CITY-ST-ZIP **MONTCLAIR NJ 07042**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03 (516) 393-4959
Date Daytime Phone #

CR2E034 (4/03)