

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005377

1. Entity Name

VITCOM CORPORATION

Principal Place of Business

111 JOHN STREET, SUITE 1400
NEW YORK NY 10038

Mailing Address

111 JOHN STREET, SUITE 1400
NEW YORK NY 10038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4101490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CAMPOS, STEVE ☐ Delete
STREET ADDRESS 111 JOHN STREET, SUITE 1400
CITY-ST-ZIP NEW YORK NY 10038

TITLE D
NAME FRIEDMAN, DAVID ☐ Delete
STREET ADDRESS 111 JOHN STREET, SUITE 1400
CITY-ST-ZIP NEW YORK NY 10038

TITLE CD
NAME ASHKENAZI, ZALMEN ☐ Delete
STREET ADDRESS 111 JOHN STREET, SUITE 1400
CITY-ST-ZIP NEW YORK NY 10038

TITLE D
NAME KASZOVITZ, ROBERT ☐ Delete
STREET ADDRESS 111 JOHN STREET, SUITE 1400
CITY-ST-ZIP NEW YORK NY 10038

TITLE D
NAME WOIF, ROBERT ☐ Delete
STREET ADDRESS 111 JOHN STREET, SUITE 1400
CITY-ST-ZIP NEW YORK NY 10038

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700004616467-2
STREET ADDRESS -09/28/01--01052--007
CITY-ST-ZIP *****550.00 *****550.00

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

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

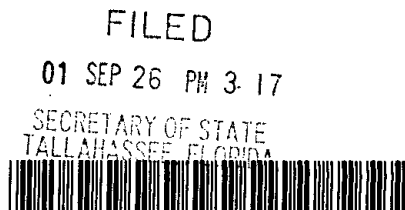
9/11/01 305-350-9900

Date

Business Phone #

0106699 AT

CR2E034 (5/01)



DO NOT WRITE IN THIS SPACE