

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

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90013 049 ***150.00

DOCUMENT # F02000004666

1. Entity Name

DESICAND, INC.



DO NOT WRITE IN THIS SPACE

54054852

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 Turnpike Street

Suite, Apt. #, etc.

3. Mailing Address

555 Turnpike Street

Suite, Apt. #, etc.

City & State

Canton MA

City & State

Canton MA

4. FEI Number

36-4488161

Applied For

Not Applicable

Zip

02021

Country

USA

Zip

02021

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	CEPD		
	Levin, David A	150 Monadnock Road	Chestnut Hill, MA 02467
	VSTD		
	Hernreich, Dennis R.	39 Symphony Drive	Easton, MA 02356

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Dennis R. Hernreich,

5-14-04

781-828-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)