

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

DOCUMENT # F02000004993

1. Entity Name

PARADYSZ MATERA COMPANY, INC.



03-11-2005 90878 001 ***150.00
03-11-2005 90878 002 *****8.75

Principal Place of Business

215 PARK AVENUE SOUTH, SUITE 1401
NEW YORK NY 10003

Mailing Address

215 PARK AVENUE SOUTH, SUITE 1401
NEW YORK NY 10003

2. Principal Place of Business

5 HANOVER SQUARE

3. Mailing Address

5 HANOVER SQUARE

Suite, Apt. #, etc.

6th FLOOR

Suite, Apt. #, etc.

6th FLOOR

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10004

Country

Zip

10004

Country

1st MOORE

CR2E034 (10/04)



4. FEI Number

13-3562503

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156

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, 2005 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 DP ☐ Delete
NAME PARADYSZ, CHRISTOPHER
STREET ADDRESS 215 PARK AVENUE SOUTH, SUITE 1401
CITY-ST-ZIP NEW YORK NY 10003

TITLE DS ☐ Delete
NAME ROSANO, JOEL
STREET ADDRESS 215 PARK AVENUE SOUTH, SUITE 1401
CITY-ST-ZIP NEW YORK NY 10003

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/05

212-387-0300