

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003767

1. Entity Name

MELITO & ADOLFSEN P.C.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90035 039 ***150.00

Principal Place of Business

Mailing Address

233 BROADWAY
NEW YORK NY 10279-0118

233 BROADWAY
NEW YORK NY 10279-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-2668916

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

FISCHER, BRADLEY S
110 SOUTHEAST SIXTH ST.
SUITE 1280
FT. LAUDERDALE FL 33301

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DVPS	<input type="checkbox"/> Delete
NAME	ADOLFSEN, LOUIS G	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10279	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MELITO, IGNATIUS J	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SOMOZA, JOHN H.	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	POLLACK, DAVID M.	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WALSH, ROBERT F.	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SEPHENS, S. DWIGHT	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	

TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, STEVEN G	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10279	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMBURSKY, NEIL L	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10279	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGNATIUS JOHN MELITO

Date

Daytime Phone #

212 238-8820

CR2E034 (9/99)