

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90356 034 ***150.00

DOCUMENT # F93000003767.

1. Entity Name
MELITO & ADOLFSEN P.C.

Principal Place of Business Mailing Address
233 BROADWAY 233 BROADWAY
NEW YORK NY 10279-0118 NEW YORK NY 10279-0118



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 13-2668916 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 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 33304 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| <i>900 SE 3rd Ave</i> <i>Suite 203</i> <i>Ft. Lauderdale, FL</i> <i>33316</i> | | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 | TITLE | DUP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ADOLFSEN, LOUIS G | | NAME | <i>Fischer, Bradley S.</i> | |
| STREET ADDRESS | 233 BROADWAY | | STREET ADDRESS | <i>900 SE 3rd Avenue, Suite 203</i> | |
| CITY-ST-ZIP | NEW YORK NY 10279 | | CITY-ST-ZIP | <i>Ft. Lauderdale, FL 33316</i> | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | DVP'S STEVEN G. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MELITO, IGNATIUS J | | NAME | ADAMS STEVEN G. | |
| STREET ADDRESS | 233 BROADWAY | | STREET ADDRESS | 233 BROADWAY | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | NEW YORK NY 10279 | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | DVP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOMOZA, JOHN H. | | NAME | SAMBURSKY NEIL L. | |
| STREET ADDRESS | 233 BROADWAY | | STREET ADDRESS | 233 BROADWAY | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | NEW YORK NY 10279 | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | DVP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLLACK, DAVID M. | | NAME | LEWBEL STEVEN I. | |
| STREET ADDRESS | 233 BROADWAY | | STREET ADDRESS | 233 BROADWAY | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | NEW YORK NY 10279 | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, ROBERT F. | | NAME | | |
| STREET ADDRESS | 233 BROADWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Stephens</i> SEYMERS, S. DWIGHT | | NAME | | |
| STREET ADDRESS | 233 BROADWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | 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: *Bradley S. Fischer* *Bradley S Fischer* *3/15/2001* *(954) 728-1280*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0595959 CR2E034 (10/00)