

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004877

1. Entity Name

FELIX EQUITIES, INC.

Principal Place of Business

Mailing Address

P. O. BOX 650
154 ROUTE 202 & LOVELL ST
LINCOLNDALE NY 10540
US

P. O. BOX 650
P. O. BOX 650 ROUTE 202 & LOVELL ST
LINCOLNDALE NY 10540-0650
US

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 13-3399858

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

XL CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

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	PD	<input type="checkbox"/> Delete
NAME	PETRILLO, FELIX M	
STREET ADDRESS	3 CAROL LANE	
CITY-ST-ZIP	MAMARONECK NY 10543	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETRILLO, CAROL A	
STREET ADDRESS	3 CAROL LANE	
CITY-ST-ZIP	MAMARONECK NY 10543	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VESCIO, WILLIAM J	
STREET ADDRESS	144 OLD BRIARCLIFF ROAD	
CITY-ST-ZIP	BRIARCLIFF MANOR NY 10510	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRENCH, ALBERT A	
STREET ADDRESS	1770 FRENCH HILL RD.	
CITY-ST-ZIP	YORKTOWN HEIGHTS NY 10598	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETRILLO, FELIX J	
STREET ADDRESS	3 CAROL LANE	
CITY-ST-ZIP	MAMARONECK FL 10543	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Rupich	
STREET ADDRESS	522 Almaden St.	
CITY-ST-ZIP	Paramus, NJ 07652	
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

Albert A. French, Corp. Secy.

3-24-00

Date

914/248-8500

Daytime Phone #

CR2E034 (9/99)