

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90006 039 ***150.00

DOCUMENT # F95000000535

1. Entity Name

DARBY NORTHEAST, INC.

Principal Place of Business

Mailing Address

**PARK CENTRAL BLVD., NORTH
 BEACH FL 33064**

**865 MERRICK AVE
 WESTBURY NY 11590-6694
 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

11-2589841

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 110 NORTH MAGNOLIA ST
 TALLAHASSEE FL 32301**

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	CD	<input type="checkbox"/> Delete
NAME	ASHKIN, MICHAEL	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SORACI, JUSTINA	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	ASHKIN, LAURA	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASHKIN, SHEILA	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAPUTO, MICHAEL	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ASHKIN, CARL	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY 11590	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3890 PARK CENTRAL BLVD. NORTH
CITY-ST-ZIP	POPLANO BEACH, FL 33064
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3890 PARK CENTRAL BLVD NORTH
CITY-ST-ZIP	POPLANO BEACH, FL 33064
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

Date

Daytime Phone #

CR2E034 (9/99)