

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001433 (0)

1. Corporation Name

ULANO CORPORATION



Principal Place of Business

255 BUTLER ST.  
BROOKLYN NY 11217

Mailing Address

255 BUTLER ST.  
BROOKLYN NY 11217

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FFI Number

11-1724142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the date of filing

(F011) Registered Agent signature required when running filing

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BARDACK, LESTER S  
STREET ADDRESS 255 BUTLER ST.  
CITY-STATE-ZIP BROOKLYN NY 11217 ☐ DELETE

TITLE V  
NAME WILLENBROCK, ALLEN  
STREET ADDRESS 255 BUTLER ST.  
CITY-STATE-ZIP BROOKLYN NY 11217 ☐ DELETE

TITLE V  
NAME BAUM, MARTIN  
STREET ADDRESS 255 BUTLER ST.  
CITY-STATE-ZIP BROOKLYN NY 11217 ☐ DELETE

TITLE V  
NAME CURTIS, JOHN  
STREET ADDRESS 255 BUTLER ST.  
CITY-STATE-ZIP BROOKLYN NY 11217 ☐ DELETE

TITLE AS  
NAME BARNARD, ROBERT W  
STREET ADDRESS 255 BUTLER ST.  
CITY-STATE-ZIP BROOKLYN NY 11217 ☐ DELETE

TITLE AT  
NAME SCHLESINGER, PAUL M  
STREET ADDRESS 255 BUTLER ST.  
CITY-STATE-ZIP BROOKLYN NY 11217 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

by: Paul M. Schlesinger, Asst. Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Schlesinger, Asst. Treasurer

4/23/96

DATE

(718) 632-5200

Telephone #

CR2E034 (12/95)