

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90043 008 ***150.00

DOCUMENT # F95000001433

1. Corporation Name

ULANO CORPORATION

Principal Place of Business

255 BUTLER ST.
BROOKLYN NY 11217

Mailing Address

255 BUTLER ST.
BROOKLYN NY 11217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1995

4. FEI Number

11-1724142

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 110 THIRD AVE

Suite, Apt. #, etc.

22

City & State

23 BROOKLYN NY

Zip

Country

24 11217

25

2a. Mailing Address

26 110 THIRD AVE

Suite, Apt. #, etc.

27

City & State

28 BROOKLYN NY

Zip

Country

29 11217

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BARDACK, LESTER S
STREET ADDRESS 255 BUTLER ST.
CITY-ST-ZIP BROOKLYN NY 11217

TITLE AS ☐ DELETE

NAME KLAR, JEFFREY N
STREET ADDRESS 255 BUTLER ST
CITY-ST-ZIP BROOKLYN NY

TITLE V ☐ DELETE

NAME BAUM, MARTIN
STREET ADDRESS 255 BUTLER ST.
CITY-ST-ZIP BROOKLYN NY 11217

TITLE V ☐ DELETE

NAME CURTIS, JOHN
STREET ADDRESS 255 BUTLER ST.
CITY-ST-ZIP BROOKLYN NY 11217

TITLE AT ☐ DELETE

NAME SCHLESINGER, PAUL M
STREET ADDRESS 255 BUTLER ST.
CITY-ST-ZIP BROOKLYN NY 11217

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 110 THIRD AVE

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 110 THIRD AVE

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 110 THIRD AVE

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 110 THIRD AVE

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 110 THIRD AVE

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS CTLR MUSTO, ANGELO
6.4 CITY-ST-ZIP 110 THIRD AVE
BROOKLYN NY 11217

14. 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 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, with all other like empowered.

SIGNATURE: *Angelo Musto* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

718-622-5200

Daytime Phone #

CR2E034 (11/98)