

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004137

1. Entity Name

COOLEY'S ANEMIA INTERNATIONAL, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90141 020 ****61.25

Principal Place of Business

Mailing Address

C/O ROSA & CAPANO
445 NORTHERN BLVD
GREAT NECK NY 11021

C/O ROSA & CAPANO
445 NORTHERN BLVD
GREAT NECK NY 11021-4804

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

11-3239476

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

CAPANO, SALVATORE
22952 GREENVIEW TERRACE
BOCA RATON FL 33433

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CAPANO, SALVATORE	
STREET ADDRESS	141 NE 20TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAPANO, GERALD	
STREET ADDRESS	3536 DELAVALL AVE	
CITY-ST-ZIP	BRONX NY	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CAPANO, CAROL	
STREET ADDRESS	3536 DELAVALL AVE	
CITY-ST-ZIP	BRONX NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ROMITA, MAURO	
STREET ADDRESS	500 MAMARONECK AVE	
CITY-ST-ZIP	HARRISON NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAPANO, RONALD F	
STREET ADDRESS	445 NORTHERN BLVD	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMANO, LOUIS	
STREET ADDRESS	500 MAMARONECK AVE	
CITY-ST-ZIP	HARRISON NY	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/99)