

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90292 013 ***150.00

DOCUMENT # F96000006022

1. Entity Name
SCHWARTZMAN GARELIK WALKER KAPILOFF & MANN, P.C.

Principal Place of Business Mailing Address
LEXINGTON AVE. **355 LEXINGTON AVE.**
NEW YORK NY 10017 **NEW YORK NY 10017-6603**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3911269** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ABRAMS, ANTON P.A.
2021 TYLER ST
HOLLYWOOD FL 33022
7. Name and Address of New Registered Agent
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. ☐ **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	PDC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZMAN, HERMAN		NAME		
STREET ADDRESS	355 LEXINGTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, EDWARD N.		NAME		
STREET ADDRESS	355 LEXINGTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	SDC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARELIK, DAVID M		NAME		
STREET ADDRESS	355 LEXINGTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAPILOFF, ARNOLD Y		NAME		
STREET ADDRESS	355 LEXINGTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TROY, BERNARD E		NAME		
STREET ADDRESS	355 LEXINGTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANN, HOWARD L		NAME		
STREET ADDRESS	355 LEXINGTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		

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: *Arnold Y Kapiloff* **ARNOLD Y KAPILOFF** 4/26/00 (212) 557-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)