

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002748

1. Entity Name

QUINTELCO, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90209 004 ***150.00

Principal Place of Business

Mailing Address

1 BLUE HILL PLAZA
 PEARL RIVER NY 10965

P O BOX 1664
 1 BLUE HILL PLAZA
 PEARL RIVER NY 10965-3104

2. Principal Place of Business

3. Mailing Address

PO Box 1665

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3889161

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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
 NAME SCHWARTZ, JEFFREY L
 STREET ADDRESS 1 BLUE HILL PLAZA
 CITY-ST-ZIP PEARL RIVER NY

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
 NAME GREENWALD, JAY
 STREET ADDRESS 1 BLUE HILL PLAZA
 CITY-ST-ZIP PEARL RIVER NY

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSD
 NAME STOLLMAN, ANDREW
 STREET ADDRESS 1 BLUE HILL PLAZA
 CITY-ST-ZIP PEARL RIVER NY

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
 NAME HARVEY, DANIEL
 STREET ADDRESS 1 BLUE HILL PLAZA
 CITY-ST-ZIP PEARL RIVER NY

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
 NAME MILLER, MICHAEL G
 STREET ADDRESS 1 BLUE HILL PLAZA
 CITY-ST-ZIP PEARL RIVER NY

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

914-620-1212

CR2E034 (9/99)