2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F97000003035** Apr 12, 2000 8:00 am Secretary of State RICHARD CITRON, INC. 04-12-2000 90022 006 ***150.00 Principal Place of Business Mailing Address TECH 110 CENTER, 110 BI-COUNTY BOULEVARD TECH 110 CENTER. 110 BI-COUNTY BOULEVARD FARMINGDALE NY 11735 FARMINGDALE NY 11735 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 11-2535529 Not Applicable · · Zip Country Zip Country -- -- -\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINBURG, STEVEN A ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 8000 PETERS ROAD, SECOND FLOOR PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE CITRON, RICHARD NAME NAME STREET ADDRESS 23 MONTROSE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELVILLE NY 11747** ☐ Addition TITLE ☐ Delete TITLE NAME CITRON, JEANMARIE NAME STREET ADDRESS 23 MONTROSE PLACE STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP-MELVILLE NY 11747 Change Addition TITLE TITLE Delete SCHWARTZ, MARK NAME NAME STREET ADDRESS STREET ADDRESS **4 CEDAR STREET NORTH** CITY-ST-ZIP CITY-ST-ZIP KINGS PARK NY 11754 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR