

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000000439

1. Entity Name
SCHULMAN, RONCA AND BUCUVALAS, INC.



Principal Place of Business
145 E. 32ND ST.
NEW YORK, NY 10016

Mailing Address
145 E. 32ND STREET
5TH FLOOR
NEW YORK, NY 10016



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3077900

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SRBB, INC.
7431 COLLEGE PARKWAY
FORT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHULMAN, MARK A
STREET ADDRESS	145 E. 32ND ST.
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	V
NAME	RONCA, ALBERT
STREET ADDRESS	145 E. 32ND ST.
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	V
NAME	BOYLE, JOHN M
STREET ADDRESS	8403 COLESVILLE ROAD
CITY-ST-ZIP	SILVER SPRING, MD 20910
TITLE	T
NAME	BUCUVALAS, MICHAEL J
STREET ADDRESS	145 E. 32ND ST.
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000374124
07/22/05-80009-005 550.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/05 212-779-7700