

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002066

1. Entity Name

RETEX COOPERATIVE, INC.

Principal Place of Business

350 5TH AVENUE  
1514  
NEW YORK NY 10118

Mailing Address

350 5TH AVENUE  
1514  
NEW YORK NY 10118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GALLO, UMBERTO J	
STREET ADDRESS	350 5TH AVENUE #1514	
CITY-ST-ZIP	NEW YORK NY 10118	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, BILL	
STREET ADDRESS	17 RIVERSIDE STREET	
CITY-ST-ZIP	NASHUA NH 03062	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	SMITH, TOM	
STREET ADDRESS	411 SEVENTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORIN, WALLASTON B	
STREET ADDRESS	% ANN TAYLOR, 147 W. 57TH ST	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCUSSEL, JAY D	
STREET ADDRESS	% GOODY'S, 400 GOODYS LANE	
CITY-ST-ZIP	KNOXVILLE TN 37922	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURTHA, EUGENE	
STREET ADDRESS	6691 BAY MEADOW DRIVE	
CITY-ST-ZIP	GLEN BURNIE MD 21060	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, UMBERTO J	
STREET ADDRESS	350 FIFTH AVE #1514	
CITY-ST-ZIP	NEW YORK, NY 10118	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES PRESTI	
STREET ADDRESS	350 FIFTH AVE #1514	
CITY-ST-ZIP	NEW YORK, NY 10118	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURTHA, EUGENE	
STREET ADDRESS	910 STONEBROOK CONSULTING, 11983 TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34110	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2001 212 563 9405

Date

Daytime Phone #

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90106 038 \*\*\*150.00

00007113



DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4392948**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)

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