

# 2000 UNIFORM BUSINESS REPORT (UBR)

000651

DOCUMENT # F98000003889

1. Entity Name

~~CEDAR INCOME FUND, LTD. CORP.~~  
UNI-INVEST (U.S.A.), LTD. CORP.

FILED

00 MAR 23 PH 12: 59

Principal Place of Business

Mailing Address

SOUTH BAYLES AVENUE  
PORT WASHINGTON NY 11050

44 SOUTH BAYLES AVENUE  
PORT WASHINGTON NY 11050-3765

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1241468-113440062

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

600003204776-7

-04/11/00-01139-006

City

\*\*\*\*158.75 FL Zip Code \*\*\*\*158.75

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 PD ☐ Delete  
NAME ULMAN, LEO S  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE C/D ☐ Change ☒ Addition  
NAME HOMBURG, RICHARD  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE VTD ☐ Delete  
NAME WALKER, BRENDA J  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE V/D ☒ Change ☐ Addition  
NAME WALKER, BRENDA J  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE V ☐ Delete  
NAME FASCIANO, JOHN  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE T/D ☐ Change ☒ Addition  
NAME MARCUS, LOUIS PH.  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE S ☐ Delete  
NAME WIDOWSKI, STUART  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE D ☐ Change ☒ Addition  
NAME der KINDEREN, J.A.M.H.  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE C ☐ Delete  
NAME MANIERI, ANN  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE AS/D ☐ Change ☒ Addition  
NAME FREEMAN, ESQ. LAWRENCE W.  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE D ☐ Delete  
NAME MILLER III, EVERETT B  
STREET ADDRESS 44 SOUTH BAYLES AVENUE  
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)