

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003966

1. Entity Name

PROGRAM BROKERAGE CORPORATION

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90112 005 ***150.00

Principal Place of Business

Mailing Address

175 METRO CENTER BLVD., SUITE 10
WARWICK RI 02886

175 METRO CENTER BLVD., SUITE 10
WARWICK RI 02886-1755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3724358

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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	CCP	<input type="checkbox"/> Delete
NAME	GUTHART, BRUCE D	
STREET ADDRESS	2794 LINDENMERE DRIVE	
CITY-ST-ZIP	MERRICK NY 11566	
TITLE	SVPC	<input type="checkbox"/> Delete
NAME	SABANOS, MICHAEL P	
STREET ADDRESS	62 SHERWOOD DRIVE	
CITY-ST-ZIP	HUNTINGTON NY 11743	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	COHEN, MARC	
STREET ADDRESS	130 PEACH DR	
CITY-ST-ZIP	ROSLYN NY 11576	
TITLE	VPF	<input type="checkbox"/> Delete
NAME	SCAVETTA, PETER L	
STREET ADDRESS	4033 DARBY LANE	
CITY-ST-ZIP	SEAFORD NY 11783	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, JANE	
STREET ADDRESS	8 ASHWOOD LANE	
CITY-ST-ZIP	HOPE VALLEY RI 02832	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISCHER, IVY S	
STREET ADDRESS	30 FAIRFIELD STREET	
CITY-ST-ZIP	MONTCLAIR NJ 07042	

TITLE	C/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chief Executive Officer and Director	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VEVP/CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President and Chief Financial Officer	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" 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		<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		

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

4-17-00

(212) 338-2616

Date

Daytime Phone #

CR2E034 (9/99)