

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006082

1. Entity Name

ADAM YOUNG INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90099 042 ***150.00

00025609



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

LEXINGTON AVE.
YORK NY 10022

599 LEXINGTON AVE.
NEW YORK NY 10022-6030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-1516500

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST., STE. 2
TALLAHASSEE FL 32301

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, 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

TITLE	C	<input type="checkbox"/> Delete
NAME	YOUNG, VINCENT J	
STREET ADDRESS	599 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	YOUNG, ADAM	
STREET ADDRESS	599 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> Delete
NAME	KWASNICK, RONALD J	
STREET ADDRESS	599 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	MORGAN, JAMES A	
STREET ADDRESS	599 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDERMOTT, DEBORAH A	
STREET ADDRESS	599 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	PORZIO, ALFRED A	
STREET ADDRESS	599 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

CR2E034 (9/99)

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:

Alfred A. Porzio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/00

Daytime Phone #

212-754-7070