

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000006250 ✓

Corporation Name  
**UNIONFED, INC.**

Principal Place of Business  
5 SMITH ST  
MANUET NY 10954

Mailing Address  
25 SMITH ST  
MANUET NY 10954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1998

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



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

8. This corporation owes the current year Intangible Personal Property.



Yes ☒ No

9. Name and Address of Current Registered Agent

BURACK, MARC  
500 SW 33RD AVE  
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

MARC BURACK c/o UNIONFED, INC

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

4850 N. STATE RD 7

83

84 City

FT. LAUDERDALE

FL

85

Zip Code

33319

I, Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/99

## OFFICERS AND DIRECTORS

NAME	CVC0	<input type="checkbox"/> DELETE
NAME	MOSES, ARI H	
STREET ADDRESS	38 DORAL CT	
CITY-STATE-ZIP	NEW CITY NY 10956	
NAME	PST	<input type="checkbox"/> DELETE
NAME	MOSES, ARI H	
STREET ADDRESS	38 DORAL CT	
CITY-STATE-ZIP	NEW CITY NY 10956	
NAME	KARLEWICZ, MICHAEL	<input type="checkbox"/> DELETE
STREET ADDRESS	45 NORMANDY VILLAGE APT 3	
CITY-STATE-ZIP	MANUET NY 10954	
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		

## 13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* ARI H. MOSES, PRESIDENT

Date

Daytime Phone #

7/1/99 914-624-3200 x231

CR2E034 (5/99)