

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000006250**

1. Entity Name

UNIONFED, INC.**FILED****Mar 23, 2000 8:00 am**
Secretary of State

03-23-2000 90001 034 ***150.00

Principal Place of Business

Mailing Address

25 SMITH ST
NANUET NY 10954**25 SMITH ST**
NANUET NY 10954-2912

C0041067

2. Principal Place of Business

3. Mailing Address

25 Smith Street**25 Smith Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Nanuet, NY 10954

Zip

10954

Country

US

City & State

Nanuet NY 10954

Zip

10954

Country

US

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

BURACK, MARC
C/O UNIONFED, INC
4850 N STATE RD 7
FORT LAUDERDALE FL 33319

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CVCD									
	MOSES, ARI H									
	38 DORAL CT									
	NEW CITY NY 10956									
	PST									
	MOSES, ARI H									
	38 DORAL CT									
	NEW CITY NY 10956									
	V									
	KARLEWICZ, MICHAEL									
	45 NORMANDY VILLAGE APT 3									
	NANUET NY 10954									

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, title or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

914-624-3200