

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002471

1. Entity Name ☒  
ESSEX COMMUNICATIONS, INC.

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90044 021 \*\*\*150.00

Principal Place of Business

48 SOUTH SERVICE ROAD  
MELVILLE NY 11747

Mailing Address

48 SOUTH SERVICE ROAD  
MELVILLE NY 11747

2. Principal Place of Business

543 main St.  
Suite, Apt. #, etc.

3. Mailing Address

543 main St.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

New Rochelle NY

City & State

New Rochelle NY

4. FEI Number

06-1500995

Applied For

Not Applicable

Zip

10801

Country

USA

Zip

10801

Country

USA

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

NRAI SERVICES INC.  
526 E. PARK AVE  
TALLAHASSEE FL 32301

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, 2001 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 C ☐ Delete  
NAME DUPRE, JOEL  
STREET ADDRESS 18 WEIR FARM LANE  
CITY-ST-ZIP RIDGEFIELD CT 06877

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

TITLE PD ☒ Delete  
NAME SCALICE, A.M.  
STREET ADDRESS 2089 WASHINGTON STREET  
CITY-ST-ZIP MERRICK NY 11566

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

TITLE S ☐ Delete  
NAME HELIGE, ERIC  
STREET ADDRESS 467 ROSE LANE  
CITY-ST-ZIP ROCKVILLE CENTER NY 11570

TITLE ☒ Change ☐ Addition  
NAME Eric Helige  
STREET ADDRESS 410 Park Ave  
CITY-ST-ZIP New York, NY 10022

TITLE T ☐ Delete  
NAME RISS, PAUL  
STREET ADDRESS 126 GREENRIDGE AVE.  
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE ☒ Change ☐ Addition  
NAME Paul Riss  
STREET ADDRESS 543 main St.  
CITY-ST-ZIP New Rochelle NY 10801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Jonathan Berg  
STREET ADDRESS 2060 Center Ave Suite 200  
CITY-ST-ZIP Ft. Lee NJ 07024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Paul A Riss, President

4/5/01

Date

203 229 2403

Daytime Phone #

CR2E034 (10/00)