

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90043 039 ***150.00

DOCUMENT # F99000002822

1. Entity Name
VERO ASSOCIATES, INC.

Principal Place of Business

680 PELHAM ROAD
NEW ROCHELLE NY 10805

Mailing Address

680 PELHAM ROAD
NEW ROCHELLE NY 10805

2. Principal Place of Business

3260 South Shore Dr.

Suite, Apt. #, etc. **#63C**

3. Mailing Address

3260 South Shore Dr.

Suite, Apt. #, etc. **#63C**



DO NOT WRITE IN THIS SPACE

City & State
Punta Gorda, FL

Zip **33955** **Country** **USA**

City & State
Punta Gorda, FL

Zip **33955** **Country** **USA**

4. FEI Number **13-3297325**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COMBER, WILLIAM
2825 TAMiami TRAIL
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name **Louise Golomb**
Street Address (P.O. Box Number is Not Acceptable)
3260 South Shore Drive
City **Punta Gorda** **FL** **Zip Code** **33955**

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 Louise Golomb Louise Golomb, Pres 2/1/02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLOMB, LOUISE	
STREET ADDRESS	680 PELHAM ROAD	
CITY-ST-ZIP	NEW ROCHELLE NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLOMB, GERALD	
STREET ADDRESS	680 PELHAM ROAD	
CITY-ST-ZIP	NEW ROCHELLE NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROTH, STEPHEN	
STREET ADDRESS	680 PELHAM ROAD	
CITY-ST-ZIP	NEW ROCHELLE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golomb, Louise	
STREET ADDRESS	3260 South Shore Drive #63C	
CITY-ST-ZIP	Punta Gorda, FL 33955	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golomb, Gerald	
STREET ADDRESS	3260 South Shore Drive #63C	
CITY-ST-ZIP	Punta Gorda, FL 33955	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roth, Stephen	
STREET ADDRESS	33 Tier Street	
CITY-ST-ZIP	City Island, NY 10464	
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: Louise Golomb Louise Golomb, Pres 2/1/02 941-505-9593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)