

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21024

1. Entity Name

THE ROBERT PLAN OF FLORIDA CORPORATION

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90026 011 ***150.00

Principal Place of Business 7640 SOUTHGATE BLVD. SUITE #4 NORTH LAUDERDALE FL 33068 US	Mailing Address 999 STEWART AVE BETHPAGE NY 11714-3551 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0322921	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC 1201 HAYS STREET SUITE 105 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
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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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALLACH, ROBERT 219 FEEKS LANE MILL NECK NY 11765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACH, WILLIAM 3730 ANVERRARY DR LAUDERHILL FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3730 Inverrary Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLANDER, CARL R .1065 PARK AVE NEW YORK NY 10128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jackson, Jasper J. 134 Chestnut Street Montclair, NJ 07042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEZAMOODEEN, PHILBERT 38 ROOSEVELT AVE EAST ROCKAWAY NY 11518 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DRILLICH, LISA 1591 HEREFORD ROAD HEWLETT NY 11557 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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 I've empowered.

SIGNATURE: Robert M. Wallach (516) 393-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert M. Wallach
Date: 2/2/00 Daytime Phone #

CR2E034 (9/99)