

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90132 046 \*\*\*150.00

**DOCUMENT # L94654**

1. Entity Name  
 MELDISCO K-M 1500 PLACIDO RD., FL., INC. (3673)

Principal Place of Business  
 1500 PLACIDO RD  
 ENGLEWOOD FL 33533  
 US

Mailing Address  
 933 MACARTHUR BLVD  
 MAHWAH NJ 07430

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3066849** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 UNITED STATES CORPORATION COMPANY  
 1201 HAYES ST  
 SUITE 105  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, JEFFREY		NAME		
STREET ADDRESS	933 MACARTHUR BLVD		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROFFITT, RANDALL S		NAME		
STREET ADDRESS	933 MACARTHUR BLVD		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNNINESSEY, KATHLEEN		NAME		
STREET ADDRESS	933 MACARTHUR BLVD		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ 07438		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMLIN, THOMAS		NAME		
STREET ADDRESS	933 MACARTHUR BLVD		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ 07430		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALIZZI, ANTHONY		NAME		
STREET ADDRESS	3100 W BIG BEAVER		STREET ADDRESS		
CITY-ST-ZIP	TROY MI		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, MAUREEN		NAME		
STREET ADDRESS	933 MAC ARTHUR BLVD		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ		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 an other like empowered.

SIGNATURE: THOMAS WOJNO APR 16 2001 (201) 934-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)