

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02318

1. Entity Name

DAWN HOMES, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91578 002 ***150.00

A0069833



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2 TOWER PLACE
EXECUTIVE PARK
ALBANY NY 12203
US

Mailing Address

2 TOWER PLACE
EXECUTIVE PARK
ALBANY NY 12203
US

2. Principal Place of Business

20 Corporate Woods Blvd.

3. Mailing Address

20 Corporate Woods Blvd.

Suite, Apt. #, etc.

5th Floor

Suite, Apt. #, etc.

5th Floor

City & State

ALBANY, NY

City & State

ALBANY NY

Zip

12211

Country

USA

Zip

12211

Country

USA

4. FEI Number 13-2947500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

Mammi / [Signature]

Secretary

5-1-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREGORY, CHARLES	
STREET ADDRESS	10 CYPRESS AVENUE	
CITY-ST-ZIP	N. CALDWELL NJ	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HONIG, MARVIN I.	
STREET ADDRESS	3 MEADOWS DR	
CITY-ST-ZIP	MELROSE NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASSUTO, ISADORE	
STREET ADDRESS	RD DOUGWAY	
CITY-ST-ZIP	CHATHAM 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Mammi / [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-01 578 365-2793

CR2E034 (10/00)