

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-18-2001 91579 049 \*\*\*150.00

**DOCUMENT # P02762**

1. Entity Name  
**FLORIKAM, INC.**

Principal Place of Business

Mailing Address

2 TOWER PL  
 EXECUTIVE PK  
 ALBANY NY 12203  
 US

2 TOWER PL  
 EXECUTIVE PK  
 ALBANY NY 12203  
 US

**A0069901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Dawn Homes Mgmt  
 Suite, Apt. #, etc.  
 20 Corporate Woods Blvd

c/o Dawn Homes Mgmt  
 Suite, Apt. #, etc.  
 20 Corporate Woods Blvd

City & State

City & State

ALBANY NY

ALBANY NY

Zip  
 12211

Country  
 USA

Zip  
 12211

Country  
 USA

4. FEI Number **14-1642678**

Applied For  
 Not Applicable

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

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

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 *Marni L. King, Sec*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-1-01**

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 **D** ☐ Delete  
 NAME **MASSRY, MORRIS**  
 STREET ADDRESS **33 CENTERVIEW DRIVE**  
 CITY-ST-ZIP **TROY NY**

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

TITLE **VD** ☐ Delete  
 NAME **CASSUTO, ISADORE**  
 STREET ADDRESS **RD DUGWAY**  
 CITY-ST-ZIP **CHATHAM NY**

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

TITLE **D** ☐ Delete  
 NAME **MASSRY, NORMAN**  
 STREET ADDRESS **134 OLD NISKAYUNA RD.**  
 CITY-ST-ZIP **LOUNDOONVILLE NY**

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

TITLE **DP** ☐ Delete  
 NAME **GREGORY, CHARLES**  
 STREET ADDRESS **10 CYPRESS AVE**  
 CITY-ST-ZIP **N CALDWELL NJ**

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

TITLE **DV** ☐ Delete  
 NAME **GREGORY, CHARLES**  
 STREET ADDRESS **10 CYPRESS AVE**  
 CITY-ST-ZIP **N. CALDWELL NJ**

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

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: *Marni L. King, Sec*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-01 (518) 365-2793**  
 Date Daytime Phone #

CR2E034 (10/00)