

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06945

1. Entity Name

3500 MANAGEMENT CORPORATION

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90045 011 \*\*\*158.75

Principal Place of Business

Mailing Address

1725 DESALES ST NW 602  
401  
WASHINGTON DC 20036

1725 DESALES ST NW 602  
401  
WASHINGTON DC 20036-4406

2. Principal Place of Business

3500 Cheney Hwy  
Suite, Apt. #, etc.

3. Mailing Address

1725 De Sales St NW  
Suite, Apt. #, etc.  
Suite 401



DO NOT WRITE IN THIS SPACE

City & State

Titusville FL

City & State

WASHINGTON DC

4. FEI Number

52-0940409

Applied For

Not Applicable

Zip  
32780

Country  
USA

Zip  
20036

Country  
USA

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, JAMES E.  
3500 CHENEY HWY  
STE 226  
TITUSVILLE FL 32780

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

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)

X

**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	PTD	<input type="checkbox"/> Delete
NAME	PUGLISI, ANGELO A.	
STREET ADDRESS	4707 WARREN ST. NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PUGLISI, MELVENA M.	
STREET ADDRESS	4707 WARREN ST. NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHWEITZER, H. GEORGE	
STREET ADDRESS	4423 BOXWOOD RD.	
CITY-ST-ZIP	BETHESDA MD	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		Zip = 20016
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		Zip = 20016
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		Zip = 20816
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 202-296-4970  
Date Daytime Phone #

CP2E034 (9/99)