

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22337

1. Entity Name

CLINIQUE SERVICES INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90225 003 ***150.00

Principal Place of Business

CORPORATE CENTER DR
TAX DEPT.
NY 11747

Mailing Address

7 CORPORATE CENTER DR
ATTN: TAX DEPT.
MELVILLE NY 11747-3115
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3488722**

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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) ☐

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	AS	<input type="checkbox"/> Delete
NAME	PORRETTO, JAMES	
STREET ADDRESS	7 CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GILBIAN, GERALD	
STREET ADDRESS	7 CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	SVDS	<input type="checkbox"/> Delete
NAME	MAGRAM, SAUL	
STREET ADDRESS	7 CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANUZIS, ANDRIS	
STREET ADDRESS	7 CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGHAMMER, FRED H.	
STREET ADDRESS	7 CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAUDER, W P	
STREET ADDRESS	7 CORPORE CENTER DR	
CITY-ST-ZIP	MELVILLE NY 11747	

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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul E. Konney	
STREET ADDRESS	7 Corporate Center Dr.	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	None Appointed	<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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES PORRETTO
ASSISTANT SECRETARY

4/18/00 631-847-6347

Date

Daytime Phone #

CR2E034 (9/99)