

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90125 025 ***150.00

0618351 AT

DOCUMENT # P23004

1. Entity Name
METNICK & BERNSTEIN, P.C.



Principal Place of Business
**1001 FRANKLIN AVE
GARDEN CITY NY 11530**

Mailing Address
**1001 FRANKLIN AVE
GARDEN CITY NY 11530**

2. Principal Place of Business
91 HAMLET DRIVE
Suite, Apt. #, etc.

3. Mailing Address
91 HAMLET DRIVE
Suite, Apt. #, etc.

City & State
COMMACK NY

City & State
COMMACK NY

4. FEI Number **13-2974559**

Applied For
Not Applicable

Zip Country
11725 U.S.A.

Zip Country
11725 U.S.A.

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**METNICK, KENNETH N
5150 LINTON BLVD SUITE 320
DELRAY BEACH FL 33484**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/16/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **METNICK, SEYMOUR H.**
STREET ADDRESS **17233 HUNTINGTON PARKWAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VSD** ☐ Delete
NAME **METNICK, KENNETH N.**
STREET ADDRESS **22764 EL DORADO DR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

DATE **4/16/03**

Daytime Phone #

CR2E034 (10/02)