

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24112

1. Entity Name

D.S.C. OF NEWARK ENTERPRISES, INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90940 021 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business<br>70 BLANCHARD STREET<br>NEWARK NJ 07105 | Mailing Address<br>70 BLANCHARD STREET<br>NEWARK NJ 07105-4702 |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |   |                                |
|--------------|--------------|---|--------------------------------|
| City & State | City & State | 4. FEI Number<br>52-1582066                               | Applied For<br>Not Applicable  |
| Zip          | Country      | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br>OWENS, J. SAM JR<br>125 N. RIDGEWOOD AVENUE, 2ND FLOOR<br>DAYTONA BEACH FL 32114 | 7. Name and Address of New Registered Agent<br>Name: OWENS, J. SAM JR.<br>Street Address (P.O. Box Number is Not Acceptable): 400 South Palmetto Avenue<br>City: DAYTONA BEACH FL Zip Code: 32114 |
|---|---|

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CORACI, ANTHONY A.<br>70 BLANCHARD STREET<br>NEWARK NJ <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>CORACI, VINCENT J.<br>1900 CONSULATE PL. #803<br>WEST PALM BEACH FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CORACI, JAMES<br>70 BLANCHARD ST<br>NEWARK NJ <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: JAMES CORACI

4/25/00 (973) 589-4200  
Date Daytime Phone #

CR2E034 (9/99)