

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

0574412

DOCUMENT # P24112

1. Entity Name

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

07-05-2001 90008 006 ***150.00

08-07-2001 90008 004 ***400.00

Principal Place of Business

Mailing Address

70 BLANCHARD STREET
 NEWARK NJ 07105

70 BLANCHARD STREET
 NEWARK NJ 07105

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 52-1582066

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

OWENS, J. SAM JR
 125 N. RIDGEWOOD AVENUE, 2ND FLOOR
 DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

400 South Palmetto Ave.

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

JAMES CORACI 6/25/01 (973) 589-4000

CR2E034 (10/00)



Attachment DOCT
P24112

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

C 10074897

July 7, 2001

D.S.C. OF NEWARK ENTERPRISES, INC.
70 BLANCHARD STREET
NEWARK, NJ 07105

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

Reference: P24112

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sg

ANNUAL REPORTS SECTION