

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Feb 04, 2000 8:00 am  
Secretary of State  
02-04-2000 90078 026 \*\*\*150.00

DOCUMENT # P30660

Entity Name  
UNITED MFRS SUPPLIES, INCORPORATED

Principal Place of Business  
GORDON DRIVE  
NY 11791

Mailing Address  
80 GORDON DRIVE  
SYOSSET NY 11791-4705

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-1599273  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ACKERMAN, SHELDON  
1831 SABAL PALM DR  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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                      | NAME                | <input type="checkbox"/> Delete            | TITLE   | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | ACKERMAN, SHELDON   |  | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                | 1831 SABAL PALM DR  |  | CITY-ST-ZIP   |      |   |
|                            | BOCA RATON FL 33432 |  |   |      |   |
| TITLE                      | VD                  | <input checked="" type="checkbox"/> Delete | TITLE   |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LINK, RICHARD       |  | NAME  |      |   |
| STREET ADDRESS             | 55 RODEO DRIVE      |  | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                | SYOSSET NY          |  | CITY-ST-ZIP   |      |   |
| TITLE                      | VD                  | <input checked="" type="checkbox"/> Delete | TITLE   |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LINK, LESLIE        |  | NAME  |      |   |
| STREET ADDRESS             | 55 RODEO DRIVE      |  | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                | SYOSSET NY          |  | CITY-ST-ZIP   |      |   |
| TITLE                      | SD                  | <input type="checkbox"/> Delete            | TITLE   |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ACKERMAN, ROSLYN    |  | NAME  |      |   |
| STREET ADDRESS             | 1831 SABAL PALM DR  |  | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                | BOCA RATON FL 33432 |  | CITY-ST-ZIP   |      |   |
| TITLE                      |                     | <input type="checkbox"/> Delete            | TITLE   |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     |  | NAME  |      |   |
| STREET ADDRESS             |                     |  | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                |                     |  | CITY-ST-ZIP   |      |   |
| TITLE                      |                     | <input type="checkbox"/> Delete            | TITLE   |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     |  | NAME  |      |   |
| STREET ADDRESS             |                     |  | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                |                     |  | CITY-ST-ZIP   |      |   |

3. 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  
Date 1/24/00 Daytime Phone # 685-4008

CR2E034 (9/99)