

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35406

1. Entity Name

ROUX ASSOCIATES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90007 022 ***150.00

Principal Place of Business

Mailing Address

1377 MOTOR PARKWAY
SUITE 403
IALANDIA NY 11788
US

1377 MOTOR PARKWAY
SUITE 403
ISLANDIA NY 11788-5258
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2579482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

11749

Country

Zip

11749

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D. BLICKSILVER, HAROLD, CPA
4 GIFFARD WAY
MELVILLE NY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Sadiker, Steven
10 Diellen Court
Commack, NY 11725

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDP.
ROUX, PAUL
80 PROSPECT RD.
CENTERPORT NY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROUX, PAUL
80 PROSPECT RD.
CENTERPORT NY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LOPER, JOHN
1407 TALLOW COURT
SEABROOK TX

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPCF
POTTER, AMY, K
13319 CARTERS WAY, PLACE
CHESTERFIELD VA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SWANSON, DOUGLAS
6 CARLSON COURT
KINGS PARK NY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD

☒ Change ☐ 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

President

Date

3/31/00

Daytime Phone #

CR2E034 (9/99)