

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026776

1. Entity Name

CEGEN ENTERPRISES, INC.

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90295 040 ***150.00

Principal Place of Business

244 HARBOR LANE
MASSAPEQUA NY 11762

Mailing Address

244 HARBOR LANE
MASSAPEQUA NY 11762

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 11-3154813

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

B&C CORP. SERVICES OF CENTRAL FLORIDA INC.
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

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, 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 ☐ Delete
NAME CASSIS, CONSTANTINE N
STREET ADDRESS 244 HARBOR LANE
CITY-ST-ZIP MASSAPEQUA NY 11762

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

TITLE AVPD ☐ Delete
NAME CASSIS, NICHOLAS
STREET ADDRESS 2603 BONNIE COURT
CITY-ST-ZIP MERRICK NY 11566

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

TITLE TD ☐ Delete
NAME CASSIMATIS, GEORGE
STREET ADDRESS 146 RICHARD PATH
CITY-ST-ZIP ST. JAMES NY 11780

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

TITLE VP ☐ Delete
NAME CASSIS, CAROL
STREET ADDRESS 244 HARBOR LANE
CITY-ST-ZIP MASSAPEQUA NY 11762

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

TITLE S ☐ Delete
NAME CASSIMATIS, ELAINE
STREET ADDRESS 100 BROOKLYN AVENUE
CITY-ST-ZIP FREEPORT NY 11520

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

TITLE AS ☐ Delete
NAME CASSIMATIS, EMANUEL
STREET ADDRESS 1040 RIVERSIDE DRIVE
CITY-ST-ZIP WANTAGH NY 11793

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)