

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028274

1. Entity Name

APPLICA CONSUMER PRODUCTS, INC.

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90023 006 \*\*\*150.00

Principal Place of Business

5980 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33014

Mailing Address

5980 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33014

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0659920

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

CARSTARPHEN, LISA R  
5980 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33014

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 ☐ Delete  
NAME HONIG, BURTON A  
STREET ADDRESS 5980 MIAMI LAKES DRIVE  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Delete  
NAME SCHULMAN, HARRY D  
STREET ADDRESS 5980 MIAMI LAKES DRIVE  
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☒ Delete  
NAME MICHIEZI, MICHAEL  
STREET ADDRESS 6 ARMSTRONG RD  
CITY-ST-ZIP SHELTON CT 06484

TITLE ☒ Delete  
NAME SOLOVEI, CINDY  
STREET ADDRESS 5980 MIAMI LAKES DRIVE  
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☒ Delete  
NAME MERRICK, ROBERT  
STREET ADDRESS 5980 MIAMI LAKES DR  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Delete  
NAME POLISTINA, TERRY  
STREET ADDRESS 5980 MIAMI LAKES DR  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE Director and V.P. ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President and Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Asst. Secretary ☐ Change ☒ Addition  
NAME Lisa R. Carstarphen  
STREET ADDRESS 5980 Miami Lakes Dr.  
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE Treasurer ☐ Change ☒ Addition  
NAME Adam Kaplan  
STREET ADDRESS 5980 Miami Lakes Dr.  
CITY-ST-ZIP Miami Lakes, FL 33014

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

TITLE Chief Financial Officer ☒ 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)