

2005 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052014

1. Entity Name

GUEITS, ADAMS, DOLFI, INC.

FILED
Mar 17, 2006 08:00 AM
Secretary of State

Principal Place of Business

169 E FLAGLER ST
MIAMI FL 33131
US

Mailing Address

1155 AVENUE OF AMERICAS
NEW YORK NY 10036
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number 65-0685272

Applied For
Not Applied

Zip

Country

Zip

Country

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

TANEN, JEFFREY S ESQ.
ONE BISCAYNE TOWER, SUITE 3250
2 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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 based on printed name of registered agent and title if applicable

(If FEE Agent/Agent Signature Required, when renewing)

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, 2006 Fee will be \$350.00
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

TITLE	P	☐ Delete
NAME	ADAMS, GERARD	
STREET ADDRESS	3 DEY FARM DR	
CITY - ST - ZIP	CRANBURY NJ	
TITLE	S	☐ Delete
NAME	GREITS, EDWARD	
STREET ADDRESS	348 CLAY POTTS RD	
CITY - ST - ZIP	E NORTHPORT NY	
TITLE	T	☐ Delete
NAME	DOLFI, SETH	
STREET ADDRESS	11440 SW 99 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Add
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 19.07(3)(b), 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Vinod Khanna*

VINOD KHANNA

3/1/06