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FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063409 (2)

1. Corporation Name
CORPORATE PLAZA, INC.Principal Place of Business
76 - 36 265TH STREET
NEW HYDE PARK NY 11040Mailing Address
76 - 36 265TH STREET
NEW HYDE PARK NY 11040-14043. Date Incorporated or Qualified
07/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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4. FEI Number

59-3394593

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81

Name

Stephen P. Sapienza, Esq.

82

Street Address (P.O. Box Number is Not Acceptable)

300 N. State Street

83

P. O. Box 635

84

City

Bunnell

FL

85

Zip Code

32110

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

2/11/97
DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

1.1 TITLE CPD ☐ DELETE

1.2 NAME Szymanski, Sr. Ronald

1.3 STREET ADDRESS 172 Willow Avenue

1.4 CITY-ST-ZIP Hackensack, NJ 07601

2.1 TITLE VD ☐ DELETE

2.2 NAME Verma, Shyam

2.3 STREET ADDRESS 801 Garden Street

2.4 CITY-ST-ZIP Titusville, FL 32796

3.1 TITLE SD ☐ DELETE

3.2 NAME Bajaj, Randhir K.

3.3 STREET ADDRESS 85 Coachman Place

3.4 CITY-ST-ZIP Muttontown, NY 11791

4.1 TITLE TD ☐ DELETE

4.2 NAME Datt, Krishan G.

4.3 STREET ADDRESS 76-36 265th Street

4.4 CITY-ST-ZIP New Hyde Park, NY 11040

5.1 TITLE D ☐ DELETE

5.2 NAME Gupta, Rajesh

5.3 STREET ADDRESS 1986 Stewart Avenue

5.4 CITY-ST-ZIP New Hyde Park, NY 11040

6.1 TITLE D ☐ DELETE

6.2 NAME Datt, Sumeet

6.3 STREET ADDRESS 76-36 265th Street

6.4 CITY-ST-ZIP New Hyde Park, NY 11040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME Gupta, Sanjay

1.3 STREET ADDRESS 81-44 258th Street

1.4 CITY-ST-ZIP Floral Park, NY 11004

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME Datt, Neeraj

2.3 STREET ADDRESS 76-36 265th Street

2.4 CITY-ST-ZIP New Hyde Park, NY 11040

3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Ronald J. Szymanski, Sr.* **Ronald J. Szymanski, Sr. Pres.** 2-5-97 201-343-0514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)