

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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 11040

Mailing Address  
76 - 36 265TH STREET  
NEW HYDE PARK NY 11040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

59-3394593

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAPIENZA, STEPHEN P E  
300 N STATE ST  
PO BOX 635  
BUNNELL FL 32110

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD  
NAME SZYMANSKI, RONALD SR  
STREET ADDRESS 172 WILLOW AVE  
CITY-ST-ZIP HACKENSACK NJ

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D GUPTA, SANJAY  
81-44 258 STREET  
FLORAL PARK N.Y 11004

☐ Change ☐ Addition

TITLE VD  
NAME VERMA, SHYAM  
STREET ADDRESS 801 GARDEN ST  
CITY-ST-ZIP TITUSVILLE FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D DATT, NEEARJ  
76-36 265 STREET  
NEW HYDE PARK N.Y 11040

☐ Change ☐ Addition

TITLE SD  
NAME BAJAJ, RANDHIR K  
STREET ADDRESS 85 COACHMAN PL  
CITY-ST-ZIP MUTTONTOWN NY

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME DATT, KRISHAN G  
STREET ADDRESS 76-36 265TH ST  
CITY-ST-ZIP NEW HYDE PARK NY

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME GUPTA, RAJESH  
STREET ADDRESS 1988 STEWART AVE  
CITY-ST-ZIP NEW HYDE PARK NY

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME DATT, SUMETT  
STREET ADDRESS 76-36 265TH ST  
CITY-ST-ZIP NEW HYDE PARK NY

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

500002443345  
-03/02/98--01004--019  
\*\*\*150.00

☐ Change ☐ Addition

14. 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 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 on an attachment with an address.

CR2E034 (10/97)