

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91420 007 ***150.00

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DOCUMENT # P97000010033

1. Entity Name

UNISYN COMPANIES, INC.



Principal Place of Business

**787 7TH AVENUE
49TH FLOOR
NEW YORK NY 10019
US**

Mailing Address

**787 7TH AVENUE
49TH FLOOR
NEW YORK NY 10019
US**

2. Principal Place of Business

1200 South Pine Island Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

Plantation FL

City & State

Zip

Country

33324 USA

4. FEI Number **65-0731106**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT-CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **SCHWEIGER, LARRY B**
STREET ADDRESS **1200 S PINES ISLAND RD, STE 300**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **V** ☐ Delete
NAME **LIESER, LORI M**
STREET ADDRESS **500 W MADISON STE 3650**
CITY-ST-ZIP **CHICAGO IL 60661**

TITLE **VAS** ☐ Delete
NAME **HAMMARD, DOUGLAS**
STREET ADDRESS **787 SEVENTH AVE 49TH FL**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☒ Delete
NAME **BIDDERMAN, MARK**
STREET ADDRESS **787 SEVENTH AVE, 49TH FLR**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition
NAME **Director Lawrence Becker**
STREET ADDRESS **787 7th Ave, 49th Floor**
CITY-ST-ZIP **New York, NY 10019**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of LORI M. Lieser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

312-985-5100

Daytime Phone #

CR2E034 (10/02)