

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005264

1. Entity Name

FELIX EQUITIES OF FLA. INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90372 003 ***558.75

Principal Place of Business Mailing Address
4435 OLD WINTER GARDEN ROAD P O BOX 650
ORLANDO FL 32802 LINCOLNDALE NY 10540-0650

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3570283 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

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

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	PD	<input type="checkbox"/> Delete
NAME	PETRILLO, FELIX M	
STREET ADDRESS	3 CAROL LANE	
CITY-ST-ZIP	MAMARONECK NY 10543	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETRILLO, CAROL A	
STREET ADDRESS	3 CAROL LANE	
CITY-ST-ZIP	MAMARONECK NY 10543	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PETRILLO, FELIX J	
STREET ADDRESS	3 CAROL LANE	
CITY-ST-ZIP	MAMARONECK NY 10543	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	RUPICH, JOHN A	
STREET ADDRESS	522 ALBRADT ST	
CITY-ST-ZIP	PARAMUS NJ 07652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETRILLO, MICHAEL V	
STREET ADDRESS	3 CAROL LANE	
CITY-ST-ZIP	MAMARONECK NY 10543	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRENCH, ALBERT A	
STREET ADDRESS	1770 FRENCH HILL RD	
CITY-ST-ZIP	YORKTOWN HEIGHTS NY 10598	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

[Signature] Corp Secretary 5-18-01 914/248-8500

CR2E034 (10/00)