

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000005264

FILED  
Sep 20, 2002  
Secretary of State

Entity Name: FELIX EQUITIES OF FLA. INC.

## Current Principal Place of Business:

PO BOX 650  
LINCOLNDALE, NY 105400650

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 650  
LINCOLNDALE, NY 105400650

## New Mailing Address:

FEI Number: 22-3570283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PETRILLO, FELIX M  
Address: 3 CAROL LANE  
City-St-Zip: MAMARONECK, NY 10543

Title: VPD (X) Delete  
Name: PETRILLO, FELIX J  
Address: 3 CAROL LANE  
City-St-Zip: MAMARONECK, NY 10543

Title: EVP (X) Delete  
Name: RUPICH, JOHN A  
Address: 522 ALBRADT ST  
City-St-Zip: PARAMUS, NJ 07652

Title: ST ( ) Delete  
Name: FRENCH, ALBERT A  
Address: 1770 FRENCH HILL RD  
City-St-Zip: YORKTOWN HEIGHTS, NY 10598

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALVORD, HAROLD F  
Address: 2 HERITAGE DRIVE  
City-St-Zip: DANBURY, CT 06811

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT A FRENCH

ST

09/20/2002

Electronic Signature of Signing Officer or Director

Date