

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **099000072593**

02 MAR 19 PM 4:34

1. Entity Name

COSIMOS BRICK DRAND TALLAHASSEE, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1052 TALLAHASSEE MAIL

3. Mailing Address

1089 LITTLE BRITAIN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

City & State

NEW WINDSOR N.Y

4. FEI Number

00-1506627

Applied For

Not Applicable

Zip

32303

Country

U.S

Zip

12553

Country

U.S

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Albert C. Pearson

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

2810 REMINGTON GREEN CIRCLE

City **TALLAHASSEE**

FL

Zip Code

32308

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

Albert C. Pearson

Albert C. Pearson

3/18/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PTD.
NAME	COSIMO DiBRITZI
STREET ADDRESS	566 RIVER RD
CITY-ST-ZIP	NEWBURGH, NY 12553
TITLE	
NAME	ANGELA DiBRITZI
STREET ADDRESS	566 RIVER RD
CITY-ST-ZIP	NEWBURGH, NY 12553
TITLE	PP
NAME	CARLO CITERA
STREET ADDRESS	217 BACCHWOOD AVE
CITY-ST-ZIP	POUGHKEEPSIE, NY 12601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Albert C. Pearson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02

845

564-5571

Date

Daytime Phone #

CR2E034B(12/01)