

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75639

1. Entity Name

JOSEPH S. TORG AND COMPANY, INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90035 023 ***158.75

Principal Place of Business

400 SOUTH DIXIE HWY
SUITE 128
BOCA RATON FL 33432
US

Mailing Address

6010 EXECUTIVE BLVD
SUITE 200
ROCKVILLE MD 20852
US

00018728



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15 A ZALEA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WILTON CT

4. FEI Number 65-0284453

Applied For

Not Applicable

Zip

Country

Zip

Country

06897

USA

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

REITANO, ANTHONY J CPA
400 SOUTH DIXIE HIGHWAY
SUITE 128
BOCA RATON FL 33432

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 DP
NAME TORG, JOSEPH S JR
STREET ADDRESS 400 S DIXIE HWY STE-128
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

2/09/01

Date

203.696.1286 EXT 12

Daytime Phone #

CR2E034 (10/00)