

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65661

1. Entity Name

FLORIDA SAN MICHEL, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90245 032 \*\*\*150.00

Principal Place of Business

Mailing Address

260 LONG RIDGE ROAD  
STAMFORD CT 06927

DEPT. 8109  
LONG RIDGE RD.  
STAMFORD CT 06927-0001  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0375656

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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	DVP	<input type="checkbox"/> Delete
NAME	SIWULEC, ANDREW P	
STREET ADDRESS	499 THORNALL STREET	
CITY-ST-ZIP	EDISON NJ	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SASSAMAN, DENNIS	
STREET ADDRESS	499 THORNALL STREET	
CITY-ST-ZIP	EDISON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIAVETTI, ALFRED J	
STREET ADDRESS	499 THORNALL STREET	
CITY-ST-ZIP	EDISON NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPERGER, JOHN M.	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON, N.J.	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KELLER, KAREN H	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON, NJ	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHERER, BRADLEY A	
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 110E	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

TITLE	Asst TREAS - Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amato	
STREET ADDRESS	777 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06927	
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
NAME		
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:

*JOHN AMATO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203-357-4544

CR2E034 (9/99)