

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # V72531**1. Entity Name
CHOLDERM INC.

Principal Place of Business
% MITCHLL J. MANDEL
1 POLO DR
OLD WESTBURY NY 11568 US

Mailing Address
% MITCHLL J. MANDEL
1 POLO DR
OLD WESTBURY NY 11568 US

2. Principal Place of Business
% MITCHLL J. MANDEL3. Mailing Address
% MITCHLL J. MANDELSuite, Apt. #, etc.
1 POLO DRSuite, Apt. #, etc.
1 POLO DRCity & State
OLD WESTBURY NYCity & State
OLD WESTBURY NYZip Country
11568 USZip Country
11568 US4. FEI Number
65-0366236Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GROSS GAIL
6343 VIA DE SONRISA DEL SUR STE 255

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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)

01/09/2001

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE D ☐ Delete
NAME LAFF CHARLES A
STREET ADDRESS 1048 WEST WEBSTER AVE.
CITY-ST-ZIP CHICAGO IL

TITLE D ☐ Delete
NAME WACHTER DAVID S
STREET ADDRESS 20 EAST 74TH ST., APT. 3A
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Delete
NAME MANDEL MITCHELL J.M.D.
STREET ADDRESS 1 POLO DR
CITY-ST-ZIP OLD WESTBURY NY 11568

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME MANDEL MITCHELL J.M.D.
STREET ADDRESS 1 POLO DR
CITY-ST-ZIP OLD WESTBURY NY 11568

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

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

TITLE ☐ Change ☐ 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: MITCHELL J. MANDEL, M.D.

CEOD 01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)