

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90034 040 ***150.00

DOCUMENT # 826589

1. Entity Name
BANFI PRODUCTS CORPORATION

00027511



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1111 CEDAR SWAMP RD, OLD BROOKVILLE NY 11545, US
 Mailing Address: 1111 CEDAR SWAMP RD, OLD BROOKVILLE NY 11545, US

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number **13-4941010**
 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

CT CORPORATION SYSTEM
1200 S. 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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: <input type="checkbox"/> Delete	V NAME: MARIANI, JAMES STREET ADDRESS: 1111 CEDAR SWAMP RD CITY-ST-ZIP: OLD BROOKVILLE NY 11545	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete	P NAME: MARIANI, HARRY STREET ADDRESS: 1111 CEDAR SWAMP RD CITY-ST-ZIP: OLD BROOKVILLE NY 11545	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete	V NAME: GOETZ, THERESE STREET ADDRESS: 111 CEDAR SWAMP RD CITY-ST-ZIP: OLD BROOKVILLE NY 11545	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete	C NAME: MARIANI, JOHN F JR STREET ADDRESS: 111 CEDAR SWAMP RD CITY-ST-ZIP: OLD BROOKVILLE NY 11545	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete	V NAME: MARIANI, CRISTINA STREET ADDRESS: 1111 CEDAR SWAMP RD CITY-ST-ZIP: OLD BROOKVILLE NY 11545	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete	V NAME: CALDERONE, PHILIP D STREET ADDRESS: 1111 CEDAR SWAMP RD CITY-ST-ZIP: OLD BROOKVILLE NY 11545	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Philip D. Calderone* Philip D. Calderone, Secretary 3/15/01 (516)626-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)