

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853100

1. Entity Name

CADARET, GRANT & CO., INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90025 046 ***150.00

Principal Place of Business
110 W. FAYETTE STREET
5TH FLOOR
SYRACUSE NY 13202

Mailing Address
110 W. FAYETTE STREET
5TH FLOOR
SYRACUSE NY 13202

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
200 Valley Road
Suite, Apt. #, etc.
Suite 106 - D. Kish
City & State
Mt. Arlington NJ
Zip
07856
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2361254
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS ST
TALLAHASSEE FL 32301

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) 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 NAME STREET ADDRESS CITY-ST-ZIP	CPD GRANT, ARTHUR F. 110 W. FAYETTE STREET, 5TH FL SYRACUSE NY 13202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FELDMAN, NORLYN S. 200 VALLEY RD, STE 106 MT ARLINGTON NJ 07856	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, BEDA L. 200 VALLEY RD, STE 106 MT ARLINGTON NJ 07856	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV TAYLOR, DONALD J. 110 W. FAYETTE STREET, 5TH FL SYRACUSE NY 13202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001 800 234-8539
Date Daytime Phone #

CR2E034 (10/00)