

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90043 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000001433**

1. Corporation Name  
**ULANO CORPORATION**



Principal Place of Business  
 255 BUTLER ST.  
 BROOKLYN NY 11217

Mailing Address  
 255 BUTLER ST.  
 BROOKLYN NY 11217

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **110 THIRD AVE**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **BROOKLYN NY**  
 Zip Country  
 24 **11217** 25

2a. Mailing Address  
 26 **110 THIRD AVE**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **BROOKLYN NY**  
 Zip Country  
 29 **11217** 30

3. Date Incorporated or Qualified  
**03/24/1995**

4. FEI Number  
**11-1724142** Applied For  
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARDACK, LESTER S	
STREET ADDRESS	255 BUTLER ST.	
CITY-ST-ZIP	BROOKLYN NY 11217	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KLAR, JEFFREY N	
STREET ADDRESS	255 BUTLER ST	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUM, MARTIN	
STREET ADDRESS	255 BUTLER ST.	
CITY-ST-ZIP	BROOKLYN NY 11217	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CURTIS, JOHN	
STREET ADDRESS	255 BUTLER ST.	
CITY-ST-ZIP	BROOKLYN NY 11217	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SCHLESINGER, PAUL M	
STREET ADDRESS	255 BUTLER ST.	
CITY-ST-ZIP	BROOKLYN NY 11217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>110 THIRD AVE</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>110 THIRD AVE</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>110 THIRD AVE</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>110 THIRD AVE</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>110 THIRD AVE</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>CTLR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>MUSTO, ANGELO</b>	
6.3 STREET ADDRESS	<b>110 THIRD AVE</b>	
6.4 CITY-ST-ZIP	<b>BROOKLYN NY 11217</b>	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angelo Musto* **ANGELLO MUSTO** 3/31/99 718-622-5200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 CONTROLLER

000675

CRZE034 (11/98)