

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 841828****1. Entity Name**  
**ANP PROPERTIES I CORP.****FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90023 048 \*\*\*150.00

**Principal Place of Business**  
**2 PARAGON DRIVE - TAX DEPARTMENT**  
**MONVALE NJ 07645****Mailing Address**  
**2 PARAGON DRIVE - TAX DEPARTMENT**  
**MONVALE NJ 07645****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **22-2151866**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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****UNITED STATES CORPORATION COMPANY**  
**1201 HAYES STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	T			<input checked="" type="checkbox"/> Delete		T			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	CORRADO, F	2 PARAGON DRIVE	MONTVALE NJ			Mitchell Goldstein	2 Paragon Drive	Montvale, NJ	
	VDS			<input checked="" type="checkbox"/> Delete		VDS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	ULRICH, R. G.	2 PARAGON DRIVE	MONTVALE NJ			William P. Costantini	2 Paragon Drive	Montvale, NJ	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LEONARD, F.X.	2 PARAGON DRIVE	MONTVALE NJ						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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

William P. Costantini 1-24-01 201-572-0700

Date

Daytime Phone #

CR2E034 (10/00)