

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90209 040 ***150.00

DOCUMENT # 848391

1. Entity Name
AMERIBROM INC.

Principal Place of Business
2115 LINWOOD AVENUE
FORT LEE NJ 07024-5004

Mailing Address
2115 LINWOOD AVENUE
FORT LEE NJ 07024-5004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2896296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2002 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

TITLE	C	<input type="checkbox"/> Delete
NAME	GRINBAUM, ASHER	
STREET ADDRESS	BOX 180, BROMINE HOUSE	
CITY-ST-ZIP	BEER-SHEVA, ISRAEL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TILLMAN, ALLEN	
STREET ADDRESS	2115 LINWOOD AVE	
CITY-ST-ZIP	FORT LEE NJ 07024	
TITLE	VOF	<input type="checkbox"/> Delete
NAME	MCKAY, EITAN	
STREET ADDRESS	2115 LINWOOD AVE	
CITY-ST-ZIP	FORT LEE NJ 07024	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODMAN, LEROY E.	
STREET ADDRESS	260 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOFLAND, WILLEM	
STREET ADDRESS	2115 LINWOOD AVE	
CITY-ST-ZIP	FORT LEE NJ 07024	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHRICH, NOAH	
STREET ADDRESS	2115 LINWOOD AVE	
CITY-ST-ZIP	FORT LEE NJ 07024	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

(201) 242-6560

Daytime Phone #

CR2E034 (9/01)