

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A04218

1. Entity Name

AIBEL BROS. LTD.

FILED

00 FEB 15 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
835 BLOOMFIELD AVE CLIFTON, N J 07012		835 BLOOMFIELD AVE CLIFTON, N J 07012-1117	
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	22-6228583	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AIBEL, JON
10598 N.W. SO. RIVER DR.
MEDLEY, FL FL 33178

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$30,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	-------------	---	--

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	AIBEL, ROY H	STREET ADDRESS	
NAME	29-SHOSHONE TRAIL	CITY-ST-ZIP	
STREET ADDRESS	WAYNE, N J		
CITY-ST-ZIP			
DOCUMENT #	AIBEL, FREDRIC L.	STREET ADDRESS	100003152081--S
NAME	33 UNDERWOOD ROAD	CITY-ST-ZIP	--03/01/00--01001--015
STREET ADDRESS	MONTVILLE, NJ		****298.75 ****298.00
CITY-ST-ZIP			
DOCUMENT #	AIBEL, JOHN E.	STREET ADDRESS	100003152081--S
NAME	1 RONIA ROAD	CITY-ST-ZIP	--03/01/00--01001--015
STREET ADDRESS	MONTVILLE NJ		****298.75 ****298.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Roy AIBEL 2/1/2000 973-471-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)