

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A04218	
1. Entity Name AIBEL BROS. LTD.	
Principal Place of Business 835 BLOOMFIELD AVE CLIFTON, N J 07012	Mailing Address 835 BLOOMFIELD AVE CLIFTON, N J 07012

2. Principal Place of Business		3. Mailing Address		DUE BY SEPTEMBER 26, 2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 22-6228583	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AIBEL, JON 10598 N.W. SO. RIVER DR. MEDLEY, FL FL 33178		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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 #	NAME	STREET ADDRESS	
	AIBEL, ROY H		
	29-SHOSHONE TRAIL		
	WAYNE, N J		
DOCUMENT #	NAME	STREET ADDRESS	
	AIBEL, FREDRIC L.		
	33 UNDERWOOD ROAD		
	MONTVILLE, NJ		
DOCUMENT #	NAME	STREET ADDRESS	
	AIBEL, JOHN E.		
	1 RONIA ROAD		
	MONTVILLE NJ		
DOCUMENT #	NAME	STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	

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******298.75 ****298.75**

CR2E003 (5/01)

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:  **9-4-01 973-471-5000**

STAPLE CHECK HERE