

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002158

1. Entity Name

ALPINE AROMATICS INTERNATIONAL, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90093 014 ***150.00

Principal Place of Business

Mailing Address

51 ETHEL ROAD WEST
PISCATAWAY NJ 08854

51 ETHEL ROAD WEST
PISCATAWAY NJ 08854-5969

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1591002**

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 ☐ Delete
NAME PD
STREET ADDRESS YOREY, JOHN G
CITY-ST-ZIP 1 GROUSE WAY
NORTH BRUNSWICK NJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CCTD
STREET ADDRESS BLECHINGER, FLAVIA
CITY-ST-ZIP 3 CLYDESDALE ROAD
SCOTCH PLAINS NJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CCSD
STREET ADDRESS WEIL, NINA
CITY-ST-ZIP 1061 RAHWAY ROAD
PLAINFIELD NJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS BLECHINGER, PETER
CITY-ST-ZIP 3 CLYDESDALE ROAD
SCOTCH PLAINS NJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS WEIL, WILLIAM
CITY-ST-ZIP 1061 RAHWAY ROAD
PLAINFIELD NJ 07060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS BARBARA F. BOWERS
CITY-ST-ZIP 7 HOMESTEAD ROAD
METUCHEN NJ

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

3/22/00 732-572-5600

CR2F034 (0/00)