

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F94000002158

1. Entity Name
ALPINE AROMATICS INTERNATIONAL, INC.



Principal Place of Business
51 ETHEL ROAD WEST
PISCATAWAY NJ 08854

Mailing Address
51 ETHEL ROAD WEST
PISCATAWAY NJ 08854

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90103 034 ***150.00

90029213



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **YOKEY, JOHN G**
STREET ADDRESS **10 WEST LAKE COURT**
CITY-ST-ZIP **NORTH BRUNSWICK NJ**

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

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

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

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

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

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara F Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/03 732 572 5600

CR2E034 (10/02)