

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000003424**

1. Entity Name

AEROGROUP RETAIL HOLDINGS, INC.

FILED

02 FEB 22 PM 3:14

057479 AT

Principal Place of Business

**201 MEADOW RD.
EDISON NJ 08817**

Mailing Address

**201 MEADOW RD.
EDISON NJ 08817**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number

51-0364650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name **NationsCorp Registered Agents, Inc**
Street Address (P.O. Box Number is Not Acceptable)
526 E Park Avenue
City **Tallahassee** FL Zip Code **32301**

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 **Ed Hand President**

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

(NOTE: Registered Agent signature required when reinstating)

2/22/02

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	P	<input type="checkbox"/> Delete
NAME	SWETT, MELISSA A	
STREET ADDRESS	201 MEADOW ROAD	
CITY-ST-ZIP	EDISON NJ 08817	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORRIS, RICHARD J	
STREET ADDRESS	201 MEADOW ROAD	
CITY-ST-ZIP	EDISON NJ 08817	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN, PATRICE F	
STREET ADDRESS	201 MEADOW ROAD	
CITY-ST-ZIP	EDISON NJ 08817	
TITLE	T	<input type="checkbox"/> Delete
NAME	ULLOA, LUIS	
STREET ADDRESS	201 MEADOW ROAD	
CITY-ST-ZIP	EDISON NJ 08817	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, JULES Z	
STREET ADDRESS	201 MEADOW ROAD	
CITY-ST-ZIP	EDISON NJ 08817	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, RICHARD J	
STREET ADDRESS	201 MEADOW ROAD	
CITY-ST-ZIP	EDISON NJ 08817	

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	300005074059--7
CITY-ST-ZIP	-03/08/02--01076--018
	****150.00 ****150.00
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02 (732) 645-4406

CR2E034 (9/01)