

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am
Secretary of State**

02-28-2001 90089 016 ***150.00

DOCUMENT # F99000003188

1. Entity Name

MONMOUTH REAL ESTATE INVESTMENT CORPORATION

Principal Place of Business

**125 WYCKOFF ROAD
EATONTOWN NJ 07724**

Mailing Address

**125 WYCKOFF ROAD
EATONTOWN NJ 07724**

2. Principal Place of Business

3499 Route 9 N.

Suite, Apt. #, etc.

Suite 3-C

3. Mailing Address

3499 Route 9 N.

Suite, Apt. #, etc.

Suite 3-C

City & State

Freehold, New Jersey

City & State

Freehold, New Jersey

Zip

07728

Country

Monmouth

Zip

07728

Country

Monmouth

4. FEI Number

22-1897375

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABRAHAM, ROBERT
347 S. RIDGEWOOD AVE
DAYTONA BEACH FL 32114**

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

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, 2001 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	PC	<input type="checkbox"/> Delete
NAME	LANDY, EUGENE W	
STREET ADDRESS	125 WYCKOFF ROAD	
CITY-ST-ZIP	EATONTOWN NJ 07724	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CHEW, ANNA T	
STREET ADDRESS	125 WYCKOFF ROAD	
CITY-ST-ZIP	EATONTOWN NJ 07724	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BENCIVENGA, ERNEST V	
STREET ADDRESS	125 WYCKOFF ROAD	
CITY-ST-ZIP	EATONTOWN NJ 07724	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDY, SAMUEL A	
STREET ADDRESS	125 WYCKOFF ROAD	
CITY-ST-ZIP	EATONTOWN NJ 07724	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN, LOUISE	
STREET ADDRESS	125 WYCKOFF ROAD	
CITY-ST-ZIP	EATONTOWN NJ 07724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landy, Eugene W.	
STREET ADDRESS	3499 Route 9 N, Suite 3-C	
CITY-ST-ZIP	Freehold, NJ 07728	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anna T. Chew	
STREET ADDRESS	3499 Route 9 N, Suite 3-C	
CITY-ST-ZIP	Freehold, NJ 07728	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernest V. Bencivenga	
STREET ADDRESS	3499 Route 9 N, Suite 3-C	
CITY-ST-ZIP	Freehold, NJ 07728	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landy, Samuel A.	
STREET ADDRESS	3499 Route 9 N, Suite 3-C	
CITY-ST-ZIP	Freehold, NJ 07728	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Green, Louise	
STREET ADDRESS	3499 Route 9 N, Suite 3-C	
CITY-ST-ZIP	Freehold, NJ 07728	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kaempffer, Charles P.	
STREET ADDRESS	33 Fox Hedge Road	
CITY-ST-ZIP	Colts Neck, NJ 07722	

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

Eugene W. Landy, President

2/15/01

Date

732-577-9997

Daytime Phone #

CR2E034 (10/00)