

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90202 021 ***150.00

0576191 AT

DOCUMENT # F99000005971

1. Entity Name
ARISTA-MARKETING ASSOCIATES, INC.

Principal Place of Business

**67 WALNUT AVENUE
CLARK NJ 07066**

Mailing Address

**C/O NELSON ADMIN SERVICES INC.
41 MADISON AVE - TAX DEPT 31ST FLOOR
NEW YORK NY 10010
US**

2. Principal Place of Business

2000 LENOX DRIVE, STE. 100

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

STE. 100

LAWRENCEVILLE, NJ

08648

USA

4. FEI Number

22-3604353

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

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, 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	CD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, WAYNE K	
STREET ADDRESS	41 MADISON AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CURCURA, PHILIP J	
STREET ADDRESS	41 MADISON AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	LAW-GISKO, PETER	
STREET ADDRESS	41 MADISON AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	MOORE, THOMAS A	
STREET ADDRESS	41 MADISON AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	VETROU	<input type="checkbox"/> Delete
NAME	NABIAL, JOHN	
STREET ADDRESS	41 MADISON AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	ACON	<input checked="" type="checkbox"/> Delete
NAME	HEMLEY, ROBERT	
STREET ADDRESS	41 MADISON AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10010	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRINCIPAL EXECUTIVE OFFICER / PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON OVERCASH	
STREET ADDRESS	2000 LENOX DRIVE, STE. 100	
CITY-ST-ZIP	LAWRENCEVILLE, NT 08648	
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		
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:

John Nabial
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/02

Daytime Phone #

212-981-6699

CR2E034 (9/01)