

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61687

1. Entity Name  
C & N EXPORT MANAGEMENT CO.

F

FILED  
Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90027 046 \*\*\*150.00

CEI

Principal Place of Business  
4675 PONCE DE LEON DLVD  
#305  
CORAL GABLES FL 33146  
US

Mailing Address  
4675 PONCE DE LEON  
#305  
CORAL GABLES FL 33146  
US

2. Principal Place of Business  
201 SECOND ST

3. Mailing Address  
P.O. BOX 549

Suite, Apt. #, etc.

City & State  
PERTH AMBOY, NJ 08861

City & State  
PERTH AMBOY, NJ 08862

Zip  
08861

Country  
USA

Zip  
08862

Country  
USA

4. FEI Number 65-0010547

Applied For  
Not Applicable

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

STINSON, LOUIS JR., ESQ.  
4675 PONCE DE LEON BLVD.  
SUITE 305  
CORAL GABLES FL 33146

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, SAUL 201 SECOND ST. PERTH AMBOY NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, DAVID M. 201 SECOND ST. PERTH AMBOY NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, ALAN S. 201 SECOND ST. PERTH AMBOY NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Saul Horwitz* SAUL HORWITZ DIRECTOR APRIL 10, 2001 732-826-7400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)