

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000146

1. Entity Name

WESTMINSTER FIDELCO, L.L.C.

Principal Place of Business

225 MILLBURN AVENUE, SUITE 202  
MILLBURN NJ 07041

Mailing Address

225 MILLBURN AVENUE, SUITE 202  
MILLBURN NJ 07041-1712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3420501

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM KUSHNER, MURRAY ☐ Delete  
STREET ADDRESS 981 ROUTE 22  
CITY- ST- ZIP BRIDGEWATER NJ 08807

TITLE NAME MGRM BERSON, MARC E ☐ Delete  
STREET ADDRESS 225 MILLBURN AVENUE, SUITE 202  
CITY- ST- ZIP MILLBURN NJ 07041

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐  
STREET ADDRESS 100003119021--  
CITY- ST- ZIP -02/01/00--01106--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED

00 JAN 24 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

SIGNATURE REQUIRED

1/21/00

(973) 467-4300