

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31818

1. Entity Name

KEM MANUFACTURING COMPANY, INC.

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90167 002 ***150.00

Principal Place of Business

Mailing Address

18-35 RIVER RD.
FAIR LAWN NJ 07410
US

18-35 RIVER RD.
FAIR LAWN NJ 07410-1244
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-1457173

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEVINCENZO, JOHN
2200 KINGS HIGHWAY, BUILDING 3L
SUITE 82
CHARLOTTE FL 33980-5760

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, 2000 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 P ☐ Delete
NAME BROWN, RICHARD
STREET ADDRESS 34 EAST SADDLE RIVER ROAD
CITY-ST-ZIP SADDLE RIVER NJ 07458

TITLE T ☐ Delete
NAME BROWN, KENNETH I.
STREET ADDRESS 175 GODFREY RD E
CITY-ST-ZIP WESTON CT

TITLE D ☐ Delete
NAME GRAZIANO, ARLINE
STREET ADDRESS 440 HARTUNG AVENUE
CITY-ST-ZIP WYCKOFF NJ

TITLE D ☐ Delete
NAME BROWN, LILLIAN
STREET ADDRESS 7428 BONDSBERRY CT.
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ Delete
NAME MIDYET, KAREN L.
STREET ADDRESS 25088 FOOTHILLS DRIVE, NORTH
CITY-ST-ZIP GOLDEN CO 80401

TITLE D ☐ Delete
NAME BROWN, DORIS K
STREET ADDRESS 531 OLD WOODS ROAD
CITY-ST-ZIP WYCKOFF NJ 07481

TITLE SECRETARY ☐ Change ☒ Addition
NAME CHARLES JENSEN
STREET ADDRESS 100 TREE TOP TERRACE
CITY-ST-ZIP BLOOMINGDALE, NJ 07403

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

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD25004 (0/00)