

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33401

1. Entity Name

ALPS ETC. INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90118 037 ***150.00

Principal Place of Business

462 SEVENTH AVE
12TH FLOOR
NEW YORK NY 10018
US

Mailing Address

462 SEVENTH AVE
12TH FLOOR
NEW YORK NY 10018
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-2640366**

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

GREBER, CARRIE
8259 N MILITARY TRAIL
PALM BCH FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

PD
SHER, RICHARD
405 E. 63RD ST., APT. 2E
NEW YORK NY

☐ Delete

STREET ADDRESS
CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SD
SHER, ARDUS
5280 N. OCEAN DR.
SINGER ISLAND FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D
GREBER, CARRIE
11085 86TH ST.
N. LAKE PARK FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ 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

Richard Sher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD SHER

4/24/01 (202) 760-9660
Date Daytime Phone #

CR2E034 (10/00)