

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90017 001 ***150.00

00020000



DO NOT WRITE IN THIS SPACE

DOCUMENT # P34421

1. Entity Name

BETTER METHODS ALEXANDER, INC.

Principal Place of Business

Mailing Address

MADISON AVENUE
 NJ 07503

1200 MADISON AVENUE
 PATTERSON NJ 07503-2813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3097209

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

Name

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

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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	S	<input type="checkbox"/> Delete
NAME	GUNIN, JEFFREY S	
STREET ADDRESS	301 EAST 73RD ST., APT. 9B	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKOWITZ, PETER	
STREET ADDRESS	5 VAUDERBILT DR	
CITY-ST-ZIP	LIVINGSTON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORMAN, GARY	
STREET ADDRESS	3 HORIZON RD.	
CITY-ST-ZIP	FORT LEE NJ 07024	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	JACKOWITZ, ALAN	
STREET ADDRESS	215 E 68TH ST APT 26B	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, BEN JR.	
STREET ADDRESS	1779 OAK HILL DR.	
CITY-ST-ZIP	HUNTINGTON VALLEY PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, DAVID S	
STREET ADDRESS	48 CHESTER COURT	
CITY-ST-ZIP	CORTLAND MANOR NY	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	64 Shrewsbury Dr.	
STREET ADDRESS	Livingston, NJ	
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/00 (973)-345-8300

CR2E034 (9/99)