

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90069 034 ***150.00

DOCUMENT # P34421

1. Entity Name
BETTER METHODS ALEXANDER, INC.

Principal Place of Business Mailing Address
1200 MADISON AVENUE 1200 MADISON AVENUE
PATTERSON NJ 07503 PATTERSON NJ 07503

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 **22-3097209** 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

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

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, 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 **S** ☐ Delete
 NAME **GUNIN, JEFFREY S**
 STREET ADDRESS **301 EAST 73RD ST., APT. 9B**
 CITY-ST-ZIP **NEW YORK NY 10021**

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

TITLE **VD** ☐ Delete
 NAME **JACKOWITZ, PETER**
 STREET ADDRESS **64 SHREWSBURY DR.**
 CITY-ST-ZIP **LIVINGSTON NJ**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Jackowitz, Peter**
 STREET ADDRESS **64 Shrewsbury Dr.**
 CITY-ST-ZIP **Livingston, NJ**

TITLE **D** ☐ Delete
 NAME **FORMAN, GARY**
 STREET ADDRESS **3 HORIZON RD.**
 CITY-ST-ZIP **FORT LEE NJ 07024**

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

TITLE **CDP** ☒ Delete
 NAME **JACKOWITZ, ALAN**
 STREET ADDRESS **215 E 68TH ST APT 26B**
 CITY-ST-ZIP **NEW YORK NY**

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

TITLE **D** ☐ Delete
 NAME **ALEXANDER, BEN JR.**
 STREET ADDRESS **1779 OAK HILL DR.**
 CITY-ST-ZIP **HUNTINGTON VALLEY PA**

TITLE **CD** ☒ Change ☐ Addition
 NAME **Alexander, Ben Jr.**
 STREET ADDRESS **1779 Oak Hill Dr.**
 CITY-ST-ZIP **Huntington Valley, PA**

TITLE **T** ☐ Delete
 NAME **COHEN, DAVID S**
 STREET ADDRESS **48 CHESTER COURT**
 CITY-ST-ZIP **CORTLAND MANOR NY**

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

Peter Jackowitz

Date

Daytime Phone #

2/27/01 (973)-345-8300

CR2E034 (1/0/00)