

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90224 025 \*\*\*158.75

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 AV

**DOCUMENT # P95000013283**

1. Entity Name  
**Y.P.C., INC**

Principal Place of Business

**305 W GRAND AVE  
 STE 100  
 MONTVALE NJ 07645  
 US**

Mailing Address

**50 N. LAURA STREET  
 SUITE 2800  
 JACKSONVILLE FL 32202**



2. Principal Place of Business

**200 Old Hook Rd**

3. Mailing Address

**200 Old Hook Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Harrington Park, NJ**

City & State

**Harrington Park, NJ**

4. FEI Number

**59-3371175**

Applied For

Not Applicable

Zip

**07640**

Country

**USA**

Zip

**07640**

Country

**USA**

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HANSON, KARL B JR  
 50 N. LAURA STREET  
 SUITE 2800  
 JACKSONVILLE FL 32202**

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FALLON, MICHAEL 305 W GRAND AVE MONTVALE NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVOQUE, MEL 305 W. GRAND AVE., SUITE 100 MONTVALE NJ 07645	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBER, ROBERT A 305 W. GRAND AVE., SUITE 100 MONTVALE NJ 07645	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, JOSEPH S 305 W. GRAND AVE., SUITE 100 MONTVALE NJ 07645	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IMPARATO, EDWARD 305 W. GRAND AVE., SUITE 100 MONTVALE NJ 07645	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HANSON, CARL B 50 N. LAURA ST., #2800 JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Antoine Kuhn, President 200 Old Hook Rd Harrington Park, NJ 07640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Old Hook Rd Harrington Park, NJ 07640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Old Hook Rd Harrington Park, NJ 07640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Old Hook Rd Harrington Park, NJ 07640	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Old Hook Rd Harrington Park, NJ 07640	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maria A. Laurino Secretary 200 Old Hook Rd Harrington Park, NJ 07640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. KUHN. 04.29.02.**

Date

Daytime Phone #

CR2E034 (9/01)