

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011530

1. Entity Name

BIENESTAR/LCG COMMUNICATIONS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90244 047 ***150.00

Principal Place of Business

214 CARNEGIE CENTER., SUITE 102
PRINCETON NJ 08540
US

Mailing Address

41 MADISON AVENUE., 31ST FLOOR
NEW YORK NY 10010

2. Principal Place of Business

2000 LENOX DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 100 A

City & State

LAWRENCEVILLE, NJ

City & State

Zip

Country

08648

Country

4. FEI Number

22-3430529

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

KLEIN, BRENT D
801 BRICKELL AVE., STE. 1901
MIAMI FL 33131

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELSON, WAYNE K
41 MADISON AVE.
NEW YORK NY 10010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCARPERI, PETER
41 MADISON AVE.
NEW YORK NY 10010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOC
SCOTT, CRAIG H.
214 CARNEGIE CENTER
PRINCETON NJ 08540 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATD
MOORE, THOMAS A.
41 MADISON AVE
NEW YORK NY 10010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LIPTON, SHELDON
214 CARNEGIE CENTER
PRINCETON NJ 08540 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOS
LAW-GISIKO, PETER
41 MADISON AVENUE
NEW YORK NY 10010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

Robert Hamby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

(212) 448-6620

Daytime Phone #

CR2E034 (10/00)