

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90012 032 ***550.00

DOCUMENT # 636283

1. Entity Name
AFTEC, INC.

Principal Place of Business
370 W CAMINO GARDENS BLVD
SUITE 300
BOCA RATON FL 33432
US

Mailing Address
222 COLUMBIA TNPK
FLORHAM PARK NJ 07932
US

2. Principal Place of Business

222 Columbia Turnpike

3. Mailing Address

222 Columbia Turnpike

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Florham Park, NJ

City & State

Zip

07932

Country

US

Zip

Country

4. FEI Number

59-1938372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVENUE SOUTH
NINTH FLOOR
WEST PALM BEACH FL 33401

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **FOSS, JOHN P.**
 STREET ADDRESS **1320 S.W. 20TH ST.**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VD** ☐ Delete
 NAME **EDSON, ANNA L**
 STREET ADDRESS **1320 SW 20TH STREET**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VSD** ☐ Delete
 NAME **MURPHY, EDWARD D**
 STREET ADDRESS **91 CHRISTINE DR**
 CITY-ST-ZIP **E. HANOVER NJ 07936**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **VD**
 NAME **EDSON, ANNA L.**
 STREET ADDRESS **34 CHESTNUT ST**
 CITY-ST-ZIP **LODI, NJ 07644**

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/01

Date

973-360-0250

Daytime Phone #

X 102

CR2E034 (5/01)