FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90056 015 ***150.00

DOCUMENT # 837219

1. Entity Name
Tech Aerofoam Products, Inc

J00000150

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3551 NW 116th Street
Suite, Apt. #, etc.
City & State
Miami FL
Zip 33167
Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Charlie Custin
Street Address (P.O. Box Number is Not Acceptable)
3551 NW 116th Street
City Miami FL Zip Code 33167

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	Jeffery Koffman
STREET ADDRESS	300 Plaza Drive
CITY-ST-ZIP	Vestal NY 13850
TITLE	President
NAME	Charlie Custin
STREET ADDRESS	3551 NW 116th Street
CITY-ST-ZIP	Miami FL 33167
TITLE	CFO
NAME	Nardo Basque
STREET ADDRESS	3551 NW 116th Street
CITY-ST-ZIP	Miami FL 33167
TITLE	Rich Cline
NAME	V. President
STREET ADDRESS	3551 NW 116th Street
CITY-ST-ZIP	Miami, FL 33167
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #