

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003402

1. Entity Name

DYNASERV INDUSTRIES, INC.

Principal Place of Business

2001 TONNELLE AVENUE  
NORTH BERGEN NJ 07047

Mailing Address

2001 TONNELLE AVENUE  
NORTH BERGEN NJ 07047

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, JOHN

990 S FLAMINGO RD  
DAVE FL 33325

Name

Street Address (P.O. Box Number is Not Acceptable)

700004679397-5

City

11/14/01 01087-022  
\*\*\*\*750.06L\*\*\*\*750.00

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

3/23/01

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 ☐ Delete  
P  
ATKINSON, RONALD W  
58 TINGLEY LANE  
EDISON NJ 08820

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

TITLE NAME ☐ Delete  
C  
SIROTKIN, JOSEPH  
16331 VINTAGE OAK LN  
DELRAY BEACH FL 33484

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

TITLE NAME ☐ Delete  
S  
ALVARADO, LILLIAN  
21 ETHERIDGE DRIVE  
CARTERET NJ

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Lillian Alvarado*

LILLIAN ALVARADO

3/23/01

(201) 330-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0440980

FILED

01 OCT 29 PM 5:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2110991

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

CR2E034 (10/00)

REINSTATEMENT TO