2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F9500001001 Feb 13, 2000 8:00 am **Secretary of State** BECK, VILLATA & CO., P.C. 02-13-2000 90012 038 ***158.75 Mailing Address Principal Place of Business 28 WEST GRAND AVENUE 28 WEST GRAND AVENUE MONTVALE NJ 07645 MONTVALE NJ 07645-2100 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 22-2544959 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -- ----Name BECK, FRANK Street Address (P.O. Box Number is Not Acceptable) 6181 MIAMI LAKES DR EAST MIAMI LAKES FL 33014 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 1-1, - 1 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME BECK, FRANK STREET ADDRESS STREET ADDRESS 28 WEST GRAND AVE. CITY-ST-ZIP CITY-ST-ZIP MONTVALE NJ 07645 ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME VILLATA, VINCENT P JR. STREET ADDRESS STREET ADDRESS 28 WEST GRAND AVE. CITY-ST-ZIP CITY-ST-7IP MONTVALE NJ 07645 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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.