2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # F95000001001 **Secretary of State** 1. Entity Name 科力技术设施。 BECK, VILLATA & CO., P.C. 02-11-2002 90146 028 ***150.00 Principal Place of Business Mailing Address 28 WEST GRAND AVENUE 28 WEST GRAND AVENUE MONTVALE NJ 07645 MONTVALE NJ 07645 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2544959 Not Applicable Zipin whate a second · Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECK, FRANK Street Address (P.O. Box Number is Not Acceptable) 6181 MIAMI LAKES DR EAST MIAMI LAKES FL 33014 City 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 作品的 电流分级数 FILE NOW!!! FEE IS \$150.00 , 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Delete TITLE TITLE ☐ Addition NAME * BECK, FRANK NAME 28 WEST GRAND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTVALE NJ 07645 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME VILLATA, VINCENT P JR. STREET ADDRESS STREET ADDRESS 28 WEST GRAND AVE. CITY-ST-ZIP CITY-ST-ZIP MONTVALE NJ 07645 ☐ Addition ☐ Delete TITLE TITLE Change NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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

SIGNATURE:

changed, or on an attachmet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with an address, with all other like empowered.

1-23-2002

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FILED