2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700002191

1. Entity Name

BESAM AUTOMATED ENTRANCE SYSTEMS, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90219 026 ***150.00

Principal Place of Business 84 TWIN RIVERS DRIVE HIGHSTOWN NJ 08520			Mailing Address 84 TWIN RIVERS DRIVE HIGHSTOWN NJ 08520										
2. Principal Place of Business			3. Mailing Address					H I BRANTAN MAKA MUMMA KABAN BOMIN B					
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State				City & State				4. F	El Number 06-0921379)	⊢	Applied For Not Applicab	le
Zip	Country			Zip Cou				5. C	Certificate of Status Desired		\$8.75 A Fee Requi		
6. Name and Address of Current F			Registered Agent				7. Name and Address of New Registered				d Agent		
,	0,					Name					· ** -		
CORPORATION SERVICE COMPANY				-,			Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS STREET			Site			Street A	agt Address (L.O. Dox Hamber is Not Noodytable)						
	SEE FL 32				_								
TABLE (I II A					City	FL Zip Code					ode		
			- the even	and of abanding its	rogistore	d office or	renister	red age	ent, or both, in the State of I	lorida. I ar	n familiar wit	h, and accep	ot \
the obligati	named entity ons of regist	ered agent.	r the purp	ose of changing its	registere	,	regiotor	oc age	5 10, 51				
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	licable. (NOT	E: Registere	d Agent signal	ure required	d when re	pinstating)	DATE	<u> </u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State				•	9. Election Campaign Trust Fund Contribut	-		.00 May Beded to Fees	·
	rayable to	OFFICERS AND			11.		_	AD	DDITIONS/CHANGES TO O	FFICERS AI	ND DIRECTO	DRS IN 11	_
10.	COB	OFFICERS AND	DIRECTO	Delete	TITL					<u>, , , , , , , , , , , , , , , , , , , </u>	Chang		on §
TITLE NAME	ARU, PETI	:R		CT Delete	NAM								3
STREET ADDRESS		IVERS DRIVE			STRE	ET ADDRESS							3
CITY-ST-ZIP		VN NJ 08520			CITY	-ST-ZIP						<u>.</u>	}
TITLE	PCD			Delete	TITL	 E	PCD)	M		Chang	je 🔀 Addit	ion Š
NAME	LORIA. JO	SEPH V			NAM	E	Bel	live	eau, Paul M in Rivers Driv Istown NJ	0			
STREET ADDRESS	84 TWIN F	RIVERS DRIVE			STRI	ET ADDRESS	84	400	KV LIAGIZ DIJA				
CITY-ST-ZIP	HIGHSTO\	VN NJ 08520			CITY	-ST-ZIP	Hi	<u> </u>	The newster	<u> </u>	<u>تک</u>		_
TITLE	VTD -			Delete	TITL	E		ء ر	· · · · · · · · · · · · · · · · · · ·	- '	Chang	ge 🗀 Addit	on)
NAME		nthony J		-	NAN								
STREET ADDRESS		RIVERS DRIVE				ET ADDRESS							
CITY-ST-ZIP	HIGHSTO	WN NJ 08520				-ST-ZIP	<u> </u>				Chang	ne 🗀 Addit	ion
TITLE	S			☐ Delete	TITL							je 🗀 Audit	
NAME		n, Daniel L			NAM								
STREET ADDRESS	90 PARK	K NY 10016				eet address '-st-zip			•				
CITY-ST-ZIP		K N1 IUUIO	<u>.</u>				 				Chang	ge 🗀 Addit	ion
TITLE	VP Fisher, N	IICHAEI		☐ Delete	TITL						بالمان ب	a	
NAME STREET ADDRESS		RIVERS DRIVE				EET ADDRESS	1						}
CITY-ST-ZIP		WN NJ 08520				/-ST-ZIP							
	VP			Delete	TITL	E	1				☐ Chang	ge 🗌 Addi	tion
TITLE NAME	CAMPBEL	L. BRUCE			NAM								
STREET ADDRESS	84 TWIN	RIVERS DRIVE			STR	EET ADDRESS							
CITY-ST-ZIP	HIGHTST)WN NJ 08520				Y-ST-ZIP	<u></u>			- 			
12. I hereby	certify that th	e information supplied wit	h this filing	does not qualify f	or the exi	emption sta	ated in S	Section	119.07(3)(i), Florida Statute legal effect as if made und	es. I further er oath: tha	certify that that that I am an offi	he information icer or directo	n Or

2. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i) roll ad additional supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i) roll additional supplied with the same legal effect as if made under oath; that I am an officer or director 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

JREAND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/03 60

Daytime Phone #