2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F97000002661 Jul 11, 2000 8:00 am Secretary of State 1. Entity Name ALL COMMUNICATIONS CORPORATION OF NEW JERSEY 07-11-2000 90002 042 ***150.00 Principal Place of Business Mailing Address 225 LONG AVE 225 LONG AVE HILLSIDE NJ 07205 P. O. BOX 794 HILLSIDE NJ 07205-0794 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number City & State City & State 22-3124655 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 6. 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6) ☐ Addition ☐ Change COBP TITLE Delete TITLE REISS, RICHARD MALJE NAME CR2E034 STREET ADDRESS STREET ADDRESS 10 TIMBER ACRES ROAD CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD NJ 07081 Addition Change ☐ Delete TITLE TITLE NAME RINI, MAUREEN NAME STREET ADDRESS STREET ADORESS 119 PREDMORE AVE CITY-ST-ZIP" CITY-ST-ZIE COLONIA NJ 07067 Change ☐ Addition ☐ Delete TITLE TITLE Hunturs Trail NAME SCOTTI, JOSEPH NAME STREET ADDRESS STREET ADDRESS 2 RICE LANE 07930 CITY-ST-ZIP CITY-ST-ZIP LONG VALLEY NJ 07853 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME FLOTRON, LEO NAME STREET ADDRESS STREET ADDRESS 30 HAPPY VALLEY ROAD CITY-ST-ZIP CITY-ST-ZIP WESTERLY RI 02891 ☐ Change Treasurer X Addition ☐ Delate TITLE TILE NAME TANSEY, J S NAME STREET ADDRESS STREET ADDRESS 9 RIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP BERKELEY HEIGHTS NJ 07922 ☐ Addition Change ☐ Delete TITLE TITLE GRASSO, ANDREA NAME NAME STREET ADDRESS STREET ADDRESS 8 SEVEN SPRINGS ROAD CITY-ST-ZIP CITY-ST-ZIP LEBAÑON NJ 08833 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 v an address, with all other like empowered. (minu) SIGNATURE: Daytime Phone # ATURE AND TYPED OR PRINTED NAME OF SECRING OFFICER OR DIRECTOR