

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

02-08-2002 90003 019 \*\*\*158.75

1 177-A-004 1 A 1

**DOCUMENT # G72272**  
 1. Entity Name  
**NEW ENTERPRISE MANAGEMENT, INC.**

Principal Place of Business <b>20 COMMUNITY PLACE          PO BOX 2316          MORRISTOWN NJ 07960</b>	Mailing Address <b>2 RIDGEDALE AVE          STE 370          CEDAR KNOLLS NJ 07927</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2 Ridgedale Ave Suite 370</b>	3. Mailing Address Suite, Apt. #, etc. <b>370</b>
City & State <b>Cedar Knolls NJ</b>	City & State
Zip <b>07927</b>	Country <b>US</b>

4. FEI Number <b>59-2346188</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**HERRICK, NORTON  
 2295 CORPORATE BLVD., N.W.  
 SUITE 222  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST HERRICK, NORTON 2295 CORP. BLVD. #222 BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS HOWARD HERRICK 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS NJ 07927</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS MICHAEL HERRICK 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS NJ 07927</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO KLEIN, ROBERT 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS NJ 07927</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C KERMALLI, NISAR 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS NJ 07927</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HERRICK, EVAN 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS NJ 07927</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNAL UNIFORM REPORT *PHS* **1/5/02** **561241**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)