## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000018222 1. Entity Name FILED Apr 24, 2001 8:00 am Secretary of State

1. Entity Nan	Secretary of State 04-24-2001 90331 036 ***150.00															
Principal Plac 333 MACARTAN MICHWAH AU 07	R BOUJÆVA			Mailing Address 933 MACARTHUR BOULEVARD MAHWAH NJ 07430												
2. Principal F	Flor	iness Ida Ma	all Ave	3. Mailing Address 933 MacARTHUR BLVD.								ITE IN TH	LIC CDA			
City & State				City & State	07430		4. FI	Eł Number						plied For	7	
Orlando th							59-	· 36	27	280		<del></del>	t Applicable	_		
32809 Country			Zip	5. Ce			ertificate of	Status (	Desired			. <b>75</b> Add Require				
		e and Addres	s of Current F	Registered Agent	<b>'</b>	Name		7. Na	ame and A	ddress	of New	Register	ed Ager	nt		7
		SERVICE C	OMPANY				Address (F	P.O. Bo	x Number	is Not A	ccentab	le)				1
	HAYS STI AHASSEE	reet FL 32301-29	525													$\frac{1}{2}$
		,				City							= <u>L</u>	Zip Code	<del></del>	+
9 The above	named enti	ty cubmite this	s statement for	the purpose of changing its	rogintor	nd office p	r rogistore	nd 200	nt or both	in the S	tata of E		- L.			1
6. The above	паньи спі	ty submits this	s statement for	the purpose of changing its	register	eu omce o	ii registere	eu aye	nt, or boar,	mues	late of F	iorioa.				
SIGNATURE .	Signature, type	d or printed name o	f registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signat	ture required v	when rein	nstating)			DA	TĒ			
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, 2001 Fee will be \$550.00 Make Check Payable to Department of State				е	10. Elect Trust	ion Cam Fund Co	. •	_			May Be to Fees	
11,		OF	FICERS AND D	DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS								1,		
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of the corr	on this repo poration or t	rt or supplem he receiver or	ental report is t trustee emoov	his filing does not qualify for rue and accurate and that m vered to execute this report th all other like empowered.	ny signat as requir	ure shall h	ave the sa	ame leç Florida	gal effect a	s if madand and that	e under	oath: tha	it!am ar	n officer (	or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

MARI TO SALLIBARI

201-934-2000

Daytime Phone #

CR2E034 (10/0