Jan 21, 2002,

## 2002 UNIFORM BUSINESS REPORT (UBR)

2002	 2 Uniform Bus	INESS REPO	RT (	(UBR)		Anr 0:		LED 102.8	:00 s	ım
DOCUMENT # P01000042098					Apr 03, 2002 8:00 am Secretary of State					
•	ACQUISITIONS MANAGER	, ING.	,			02-24-2	:002 900	029 026 **	*150.00	
Principal Place of Business  326 THIRD STREET  LAKEWOOD NJ 08701  Mailing Address  326 THIRD STREET  LAKEWOOD NJ 08701						1834  1867   17 84  181   1807   1807	1744 <b>22</b> 44 <b>11</b> 54	11 <b>61818</b> 11 <b>81</b> 18 <b>48</b> 1118	- 	
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 22-3796111 Applied For Not Applicable			t Applicable		
Zip Country		Zip Coun		у	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent		Name—ROV		lame and Address of New	e and		<del>- , , , , , , , , , , , , , , , , , , ,</del>	1
-CORPORATION SERVICE COMPANY			-		ROBERT C. Freeland  eel Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525			-				evar			
		· · · · · · · · · · · · · · · · · · ·				nville.	FL	-   333	67 <u> </u>	4
8. The above	named entity submits this statement for	iae Cal		d office or registers  Agent signature required			OATE	//-02		
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 Sta			e	10. Election Campaign F Trust Fund Contributi			O May Be to Fees	
11.	OFFICERS AND I David Lichlenstien, (		12.	<del>- 1</del>	ADI	DITIONS/CHANGES TO OF	FICERS AN	D DIRECTORS  Change	S IN 11	<u></u>
NAME STREET ADDRESS CITY-ST-ZIP	336 Thirds Street lakewood, NJ 0870	President Delate	NAME	ADDRESS IT-ZIP				orange		2E034 (9/01)
, TITLE -NAME STREET ADDRESS CCITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				Change	Addition	8
NAME STREET ADDRESS. CITY-ST-ZIP		_ Delete	TITLE NAME STREET CITY-S	ADDRESS	·			Change	Addition_	
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TITLE . NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS				Change	☐ Addition	
	pertify that the information supplied with on this report or supplemental report is	this filing does not qualify for the true and accurate and that my	he exem	ption stated in Secre shall have the s	ame le	19.07(3)(i), Florida Statutes.	I further cer	rtify that the in am an officer	formation or director	; ;