

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90026 030 ***158.75

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DOCUMENT # P96000051557

1. Entity Name

ACCELERATED SURFACE ENGINEERING TECHNOLOGIES, IN C.

Principal Place of Business

**6804 NW 20TH AVE
 FORT LAUDERDALE FL 33309**

Mailing Address

**6804 NW 20TH AVE
 FORT LAUDERDALE FL 33309
 US**

2. Principal Place of Business

3. Mailing Address

**S 3251 SW 14th Place
 Boynton Beach, FL 33426
 Phone 561.742.9570**

**Suite 3251 SW 14th Place
 Boynton Beach, FL 33426
 City Phone 561.742.9570**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0683326

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLTZMAN, SHEILA J
 7525 NW 61ST TERR
 #3202
 PARKLAND FL 33067**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **HOLTZMAN, MORDECHAI E**
 STREET ADDRESS **7525 NORTHWEST 61 ST TERRACE STE 3202**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **HOLTZMAN, SHEILA J**
 STREET ADDRESS **7525 NORTHWEST 61 ST TERRACE STE 3202**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SON, ONE K**
 STREET ADDRESS **1512 PALISADES AVE #10 M**
 CITY-ST-ZIP **FORT LEE NJ 07024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)