FILED
Mar 05, 2003 8:00 am
Secretary of State
03-05-2003 90035 046 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80046405

DOCUMENT # P96000051557

1. Entity Name
ACCELERATED SURFACE ENGINEERING TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
6804 NW 20TH AVE FORT LAUDERDALE, FL 33309	6804 NW 20TH AVE FORT LAUDERDALE, FL 33309 US

2. Principal Place of Business	3. Mailing Address
A.S.E.T., INC 7525 NW 61st Terrace #3202 Parkland, Florida 33067	A.S.E.T., INC 7525 NW 61st Terrace #3202 Parkland, Florida 33067
Zip	Zip
Country BROWARD	Country BROWARD

☐ CHECK HERE IF MAKING CHANGES

FEI Number 65-0683326 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sheila Holtzman 3-1-03
Signature, type or printed name of registered agent and title if applicable. (If changing Registered Agent, signature required when necessary) DATE

FILING FEE IS $150.00
If After May 1, 2003 File with the $400.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLTZMAN, MORDECHAI E 7525 NORTHWEST 61 ST TERRACE STE 3202 PARKLAND, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOLTZMAN, SHEILA J 7525 NORTHWEST 61 ST TERRACE STE 3202 PARKLAND, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SON, ONE K 1512 PALISADES AVE #10 M FORT LEE, NJ 07024	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila Holtzman 3-1-03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #