## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 243440** 1. Entity Name 04-30-2001 90054 002 \*\*\*150.00 FABER, COE & GREGG OF FLORIDA, INC. Principal Place of Business Mailing Address 10 ENTERPRISE AVENUE, NORTH 10 ENTERPRISE AVENUE, NORTH SECAUCUS NJ 07094 SECAUCUS NJ 07094 2. Principal Place of Business 3. Mailing Address 550 MEADOWLANDS PKWY 550 MEADOWLAKUS PKWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number 13-1940139 SECAUCUS, NJ SECAUCUS, NI Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired 07094 27094 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent يج الرجاعية بعضيه إلح UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST SUITE 105 TALLAHASSEE FL 32301 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change ☐ Addition TITLE TITLE ☐ Delete FINKELSTEIN, CHARLES D. NAME NAME STREET ADDRESS STREET ADDRESS 110 LYONS PLAIN ROAD CITY-ST-ZIP City-St-7iP WESTOR CT TITLE PD Delete TITLE Change ☐ Addition PEARL, MARTIN P NAME NAME STREET ADDRESS STREET ADDRESS 6-13 17TH ST CITY-ST-ZIP CITY-ST-7IP FAIRLAWN, NJ 00000 CFO Addition Addition Change TITLE Delete TITLE FRIEDMAN, BURTON I NAME NAME 17 MUSKET WAY STREET ADDRESS STREET ADDRESS PISCATAWAY NJ 08854 CITY-ST-ZIP CITY-ST-ZIP ASST TREAS ☐ Change **Addition** TITLE Delete FRONZAK, RONALD S. NAME NAME

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 trueted 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.

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TITLE

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ROUALDS FRONZAK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

21 KATHRYU ST.

CLARK NJ 07066

Change

☐ Change

Addition

☐ Addition