

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002319

1. Entity Name

O.E.M. CONCEPTS, INC.

Principal Place of Business

1889 ROUTE 9
UNIT 96
TOMS RIVER NJ 08755

Mailing Address

1889 ROUTE 9
UNIT 96
TOMS RIVER NJ 08755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-2426735

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

MCKINNON, DEBORAH
1141 HOLLAND DR.
UNIT 5
BOCA RATON FL 33487

Name

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

1141 HOLLAND DR

UNIT 5

City

Boca Raton

FL

Zip Code
33487

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 *Deborah Colombo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-19-01

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, 2001 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 PD
NAME MINARCHI, ROBERT
STREET ADDRESS 1932 STRATFORD CT.
CITY-ST-ZIP TOMS RIVER NJ 08753 ☐ Delete

TITLE PD
NAME MINARCHI, ROBERT ☒ Change ☐ Addition
STREET ADDRESS 1554 FORREST TRAIL CIRCLE
CITY-ST-ZIP TOMS RIVER NJ 08753

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
CORP SECRETARY - DIRECTOR
MINARCHI, VIRGINIA
1554 FORREST TRAIL CIRCLE
TOMS RIVER NJ 08753

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP-DIRECTOR
NAME DORVAL, BRENT
STREET ADDRESS 2515W MAIN ST
CITY-ST-ZIP DOUGLAS MA 01516 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP-DIRECTOR
NAME CHALAS, DIANNA
STREET ADDRESS 255 HIGH ST.
CITY-ST-ZIP WILCHESTER, MA 01890 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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: *Rebecca Minarchi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01 735-341-3570

Date Daytime Phone #

0995832

CR2E034 (10/00)