

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001212

1. Entity Name

HOLTEC INTERNATIONAL, A NEW JERSEY CORPORATION

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90056 025 ***158.75

Principal Place of Business

Mailing Address

555 LINCOLN DRIVE WEST
MARLTON NJ 08053
US

555 LINCOLN DRIVE WEST
MARLTON NJ 08053-3421
US

00007076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2759643

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SINGH, KRISHNA P DR.
230 NORMANDY CIRCLE F
PALM HARBOR FL 34683

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDP
SINGH, KRISHNA P DR.
230 NORMANDY CIRCLE, E
PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
SOLER, ALAN I DR.
1282 CHARLESTON RD.
CHERRY HILL NJ 08034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SOLER, ALAN I DR.
1282 CHARLESTON RD.
CHERRY HILL NJ 08034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDT
BONGRAZIO, FRANK
34 HOLLY PARK DR
TABERNACLE NJ 08088 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Id. P. Singh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00 609 797-0900