

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000737

1. Entity Name

BARTHCO INTERNATIONAL, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90119 046 ***150.00

Principal Place of Business	Mailing Address
7575 HOLSTEIN AVE PHILADELPHIA PA 19153 US	7575 HOLSTEIN AVE PHILADELPHIA PA 19153-3222 US



DO NOT WRITE IN THIS SPACE

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	23-1733430	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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 _____ (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
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS COLGAN, DENNIS JR. 12 COVE ROAD MOORESTOWN NJ 08057 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEVENSON, WILLIAM 108 MANSION DR. MEDIA PA 19063 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ERCOLANI, JOHN D. 2 DEVON ROAD CINNAMISON NJ 08077 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUEE, ROBERT CHIN 1095 MIDLAND ST UNIONDALE NY 11553 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS COLGAN, DENNIS JR. 12 COVE ROAD MOORESTOWN NJ 08057 ☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: [Signature] Date: 3/3/2000 Daytime Phone #: 215-937-6657

CR2E034 (9/99)