

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001149

1. Entity Name

VITETTA GROUP INCORPORATED

Principal Place of Business

642 N. BROAD ST.  
PHILADELPHIA PA 19130

Mailing Address

642 N. BROAD ST.  
PHILADELPHIA PA 19112-1301

2. Principal Place of Business

**VITETTA**  
PHILADELPHIA NAVAL BUSINESS CENTER  
4747 SOUTH BROAD STREET  
PHILADELPHIA, PA 19112

3. Mailing Address

**VITETTA**  
PHILADELPHIA NAVAL BUSINESS CENTER  
4747 SOUTH BROAD STREET  
PHILADELPHIA, PA 19112

Zip

Country

USA

Zip

Country

USA

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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	CD	<input type="checkbox"/> Delete
NAME	VITETTA, FRANCIS G	
STREET ADDRESS	1021 SUMNEYTOWN PIKE	
CITY-ST-ZIP	SPRING HOUSE PA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOFFMANN, ALAN P	
STREET ADDRESS	1703 E DR	
CITY-ST-ZIP	VENTNOR NJ 08406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MYERS, HYMAN	
STREET ADDRESS	720 S. HIGHLAND AVE.	
CITY-ST-ZIP	MERION STATION PA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOFFMANN, ALAN P.	
STREET ADDRESS	1703 E DR	
CITY-ST-ZIP	VENTNOR NJ 08406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Alan P. Hoffmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/18/00

215-218-4747

Date

Daytime Phone #

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90035 026 \*\*\*150.00

0 6 1 4 6 0



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR20034 (9/99)