

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000001149**

1. Entity Name

VITETTA GROUP INCORPORATED**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90093 042 ***150.00

0597011

Principal Place of Business

4747 SOUTH BROAD ST
%PHILADELPHIA NAVAL BUSINESS CTR.
PHILADELPHIA PA 19112
US

Mailing Address

4747 SOUTH BROAD ST
%PHILADELPHIA NAVAL BUSINESS CTR.
PHILADELPHIA PA 19112
US**C0040909**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

Francis G. Vitetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

215-218-4742

Daytime Phone #

CR2E034 (10/00)