

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000001814**

1. Entity Name

PETER VALLAS ASSOCIATES INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90168 010 ***150.00

Principal Place of Business

**105 MAIN ST
HACKENSACK NJ 07601
US**

Mailing Address

**105 MAIN ST
HACKENSACK NJ 07601
US**

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

22-2275115

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

VALLAS, PETER R

**3546 S OCEAN BLVD., APT 724
PALM BEACH FL 33480**

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, 2002 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 ☐ Delete
NAME **P**
STREET ADDRESS **VALLAS, PETER R**
CITY-ST-ZIP **2546 S OCEAN BLVD., APT 724
PALM BEACH FL 33480-5719**

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **VALLAS, PETER S.**
CITY-ST-ZIP **12 OAKWOOD DRIVE
WOODCLIFF LAKE NJ 07677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter S. Vallas

1/24/02

(201) 487-8901 x11

Date

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment
Form received 8/2/02
We are asking you to waive.
913591

DOCUMENT # **F94000001814**

1. Entity Name

PETER VALLAS ASSOCIATES INC.

Principal Place of Business

**105 MAIN ST
 HACKENSACK NJ 07601
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Mailing Address

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 3546 S OCEAN BLVD., APT 724
 PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

**P
 VALLAS, PETER R
 2546 S OCEAN BLVD., APT 724
 PALM BEACH FL 33480-5719**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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**VT
 VALLAS, PETER S.
 12 OAKWOOD DRIVE
 WOODCLIFF LAKE NJ 07677**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FIRE AND EXPLOSION ANALYSIS • ANALYTICAL LABORATORY
INVESTIGATIVE ENGINEERING SERVICES

PETER VALLAS ASSOCIATES Inc.

A Professional Corporation

www.petervallas.com
E-mail: experts@petervallas.com

Attachment
913591
#F94000001814

☆ Corporate Headquarters
105 Main Street
Hackensack, NJ 07601
(201) 487-8901
Fax: 201-487-1253

August 2, 2002

☆ Northern Regional Office
106 Washington Avenue
Endicott, NY 13760
(607) 785-8250
Fax: 607-785-6541

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314
ATT: Reinstatement Section

☆ Eastern Regional Office
100 Mill Plain Road
Danbury, CT 06811
(203) 791-0100
Fax: 203-791-0200

Please be advised that we were never informed that DOC F94000001814 was not recorded in your files or our check #6661 dated January 24, 2002 previously mailed to you with the proper papers never cleared.

☆ Northwestern Regional Office
169 North Main Street
Warsaw, NY 14569
(716) 786-9980

We are asking you to waive the penalty amount. Enclosed is payment in the amount of \$150.00 as previously submitted.

☆ Northern Pennsylvania Regional Office
6 The Glen
Tamiment, PA 18371
(570) 588-0123

Enclosed is proof that you received the original signed form and check in the amount of \$150.00. Also enclosed is a copy of the return receipt requested form signed by your employee Vernon Mitchell and a copy of the certified receipt. You had received the check and paperwork on February 5, 2002 and were sent way before payment and filing was due to insure there would be no problems.

☆ Southern Pennsylvania Regional Office
Pennsylvania Avenue
Philadelphia, PA 19130
(215) 564-2488

A response to this matter as soon as possible will be greatly appreciated. You may contact me at (201) 487-8901 x 11.

Thank you.

☆ Northeastern Regional Office
1740 Massachusetts Avenue
Boxborough, MA 01719
(978) 264-9221
Fax: (978) 264-9224

PETER VALLAS ASSOCIATES, INC.

Peter Vallas
Peter S. Vallas, CEO

☆ Laboratory Facilities
85 Zabriskie Street
Hackensack, NJ 07601
(201) 487-0266

Division of Corporations provides you with the ability to file the Uniform
limited partnerships, and limited

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State



6661

1/24/02

\$150.00

DOC #F94000001814 FEI 22-2275115 UBR 2002
Account Detail:

9-2540 FL Franchise Tax Expense

\$150.00

PETER VALLAS ASSOCIATES, INC.

Department of State

6661

1/24/02

6661
\$150.00

DOC #F94000001814 FEI 22-2275115 UBR 2002
Account Detail:

9-2540 FL Franchise Tax Expense

\$150.00

check previously sent

Safeguard

SF16001-1SC

LITHO USA SFSLM CK7508111M (2/01)

TO REORDER, CALL YOUR LOCAL SAFEGUARD DISTRIBUTOR AT 800-789-4464

GFTDT80010000

L37SF060780

Attachment

9135 41
#F94000001814

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) Vernon Mitchell B. Date of Delivery 2/5/02</p> <p>C. Signature Vernon Mitchell <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p>7099 3400 0010 3641 8333</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

← signed by
Vernon
Mitchell
2/5/02

EEER THRE OTDO OONE h902

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Division of Corporations Uniform Bus. Report Filings	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	PVA form F940001814
Name (Please Print Clearly) (to be completed by mailer)	
Division of Corporations Uniform Business Report Filings	
Street, Apt. No., or PO Box No. P.O. Box 1500	
City, State, ZIP+4 Tallahassee, FL 32302-1500	
PS Form 3800, July 1999 See Reverse for Instructions	