

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90027 026 ***150.00

DOCUMENT # F95000003886

1. Entity Name

PHIBRO INC.

Principal Place of Business

Mailing Address

--- NYALA FARMS
WESTPORT CT 06880

7N WORLD TRADE CENTER
TAX DEPT- 28TH FL
NEW YORK NY 10048-1102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1429126

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DEVP	PETTI, JOHN	500 NYALA FARMS	WESTPORT CT 06880				
PD	HALL, ANDREW J	500 NYALA FARMS	WESTPORT CT 06880				
VP	BLUMENTHAL, DAVID	500 NYALA FARMS	WESTPORT CT 06880				
V	CASTELLANO, MICHAEL N	500 NYALA FARMS	WESTPORT CT 06880				
T	CRONIN, WILLIAM J	500 NYALA FARMS	WESTPORT CT 06880				
V	MCAVITY, MALCOLM	500 NYALA FARMS	WESTPORT CT 06880				

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:

Michael Castellano **REQUIRED** **CASTELLANO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/00
Date

203-221-5855
Daytime Phone #

CR2E034 (9/99)