

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004554

1. Entity Name
P-V TECH, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90073 002 ***163.75

704449



DO NOT WRITE IN THIS SPACE

Principal Place of Business
39 GALSTON DR. RD. 4
PRINCETON JUNCTION NJ 08550

Mailing Address
PO BOX 3597
PRINCETON NJ 08543

2. Principal Place of Business
3685 Woodridge Place

3. Mailing Address
PO BOX 6068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Harbor FL

City & State
Palm Harbor FL

Zip
34684

Country

Zip
34684

Country

4. FEI Number 22-2892898

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAZER, JULES
7700 WEST CAMINO REAL SUITE 350
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name Lazer, Jules

Street Address (P.O. Box Number is Not Acceptable)

7283 Mandarin Drive

City Boca Raton

FL

Zip Code 33433

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing ☒ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LUCE, NUNZIO	
STREET ADDRESS	39 GALSTON DR.	
CITY-ST-ZIP	PRINCETON JUNCTION NJ 08550	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAZER, JULES	
STREET ADDRESS	72-83 MANDARIN DR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCE NUNZIO A	
STREET ADDRESS	3685 Woodridge Place	
CITY-ST-ZIP	Palm Harbor FL 34684	
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
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: Nunzio A Luce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01
Date

727 771 1574
Daytime Phone #

CR2E034 (10/00)