

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005211

1. Entity Name

GLAVES AND ASSOCIATES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90165 009 ***158.75

Principal Place of Business

Mailing Address

50 GALESI DRIVE
WAYNE NJ 07470

50 GALESI DRIVE
WAYNE NJ 07470-4842

2. Principal Place of Business

1650 SE 17th ST.

3. Mailing Address

1373 BROAD ST.

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

300A

City & State

FT. LAUDERDALE FL

City & State

CLIFTON NJ

Zip

33316

Country

BROWARD

Zip

07013-4200

Country

PASSAIC

4. FEI Number

22-3102694

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

GLAVES, HOWARD L
C/O RIVERSIDE TAX LIEN SERVICE CORP.
1650 S.E. 17TH STREET, SUITE 204
FORT LAUDERDALE FL 33316

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME GLAVES, HOWARD L
STREET ADDRESS 50 GALESI DRIVE
CITY-ST-ZIP WAYNE NJ 07470

☐ Delete

TITLE
NAME
STREET ADDRESS 1373 BROAD ST. - SUITE 300A
CITY-ST-ZIP CLIFTON, NJ 07013-4200

☒ Change

☐ Addition

TITLE
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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:

Howard L. Graves **HOWARD L. GRAVES, PRES.** 4-3-00 (973) 470-0773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)