

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90058 008 ***150.00

DOCUMENT # P25314

1. Entity Name

WIZCOM INTERNATIONAL, LTD., CO.

Principal Place of Business

6 SYLVAN WAY
PARSIPPANY NJ 07054
US

Mailing Address

6 SYLVAN WAY
LEGAL DEPT
PARSIPPANY NJ 07054
US

2. Principal Place of Business

900 Old Country Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Garden City, NY

City & State

4. FEI Number

11-2850571

Applied For

Not Applicable

Zip

11530

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 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	<input type="checkbox"/> Delete
	D	HOLMES, STEPHEN P	6 SYLVAN WAY PARSIPPANY NJ 07054	
	P	LUGLI, FLO	6 SYLVAN WAY PARSIPPANY NJ 07054	
	S	BOCK, ERIC	9 W 57TH ST NEW YORK NY 10019	
	T	COCRAFT, DUNCAN	6 SYLVAN WAY PARSIPPANY NJ 07054	
	D	BUCKMAN, JAMES E	6 SYLVAN WAY PARSIPPANY NJ 07054	
	VP	HUBER, JOSEPH	6 SYLVAN WAY PARSIPPANY NJ 07054	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Joseph Huber

Joseph Huber, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

973-496-5279

Daytime Phone #

CR2E034 (10/00)