

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90120 021 \*\*\*550.00

DOCUMENT # P40310

1. Corporation Name

UBEROI INTERNATIONAL, INC.

Principal Place of Business

314 COMMONS WAY  
PRINCETON NJ 08540  
US

Mailing Address

314 COMMONS WAY  
PRINCETON NJ 08540  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1992

4. FEI Number

22-2504605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINTZ, KAREN MS.  
2240 WOOLBRIGHT RD.  
SUITE 315  
BOYNTON BCH. FL 33436

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	UBEROI, MADHU	
STREET ADDRESS	314 COMMONS WAY	
CITY-STATE-ZIP	PRINCETON NJ	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANBARASAU, SIVARAMAN	
STREET ADDRESS	314 COMMONS WAY	
CITY-STATE-ZIP	PRINCETON NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	UBEROI, MUDHY	
STREET ADDRESS	314 COMMONS WAY	
CITY-STATE-ZIP	PRINCETON NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Chairman / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Haksh M. Uberoi	
13 STREET ADDRESS	314 Commons Way	
14 CITY-STATE-ZIP	Princeton, NJ 08540	
21 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Madhu Uberoi	
23 STREET ADDRESS	314 Commons Way	
24 CITY-STATE-ZIP	Princeton, NJ 08540	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Madhu Uberoi* Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

609 924 322 x 31

Daytime Phone #

CR2E034 (1/98)