

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40310

1. Entity Name

UBEROI INTERNATIONAL, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90057 031 ***150.00

Principal Place of Business

Mailing Address

314 COMMONS WAY
PRINCETON NJ 08540
US

314 COMMONS WAY
PRINCETON NJ 08540-1510
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2504605

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

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

Name

Maresh M. Wbersi

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

955 Egret Circle Apt B508

Delray Beach, Florida

City

FL

Zip Code

33444

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

3/27/00

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
☐ Delete

CEO
UBEROI, MAHESH
314 COMMONS WAY
PRINCETON NJ 03540

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

S
UBEROI, MADHA
314 COMMONS WAY
PRINCETON NJ 03540

TITLE
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CITY-ST-ZIP
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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)(l), 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:

madha uberoi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

609 924 3200

Daytime Phone # Ext. 31

CR2E034 (9/99)