

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90228 034 ***550.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P40370**

1. Entity Name
UBEROI International, Inc.

DO NOT WRITE IN THIS SPACE

074215

2. Principal Place of Business
25 Independence Blvd.

3. Mailing Address
25 Independence Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Warren, NJ

City & State
Warren, NJ

4. FEI Number
222504605

Applied For
☐ Not Applicable

Zip
07059

Country
USA

Zip
07059

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation

FL Zip Code
33324

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 fee if applicable

(NOTE: Registered agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1: Fees \$150.00
After May 1: Fees \$550.00
Amended UBR is \$61.25
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
President & Director
NAME
Thomas A. Gordon
STREET ADDRESS
25 Independence Blvd.
CITY - ST - ZIP
Warren, NJ 07059

TITLE
Secretary
NAME
S. Sujanthakumar
STREET ADDRESS
25 Independence Blvd.
CITY - ST - ZIP
Warren, NJ 07059

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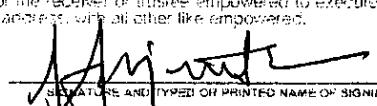
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

8/5/02

(902) 2601109

DATE

Daytime Phone #

CR2E034B (12/01)