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

08-13-2002 90228 034 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Fi

DOCUMENT # P40310

1. Entity Name
UBEROI International, Inc.

DO NOT WRITE IN THIS SPACE

074215

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2. Principal Place of Business	3. Mailing Address
25 Independence Blvd.	25 Independence Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Warren, NJ	City & State: Warren, NJ
Zip: 07059 Country: USA	Zip: 07059 Country: USA

4. FEI Number: 222504605 ☐ Applied For ☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (DATE: Registered Agent signature required when changing)

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 Fee is $150.00
After May 1 Fee is $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. Sujanthatkumar
STREET ADDRESS	25 Independence Blvd.
CITY-ST-ZIP	Warren, NJ 07059
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Secretary 8/5/02 (908) 8601109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)

FL210 - 2/26/2002 C T System Online