

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056391

1. Entity Name

SLT TRADING CORPORATION

Z 200 405844

Principal Place of Business

Mailing Address

111 PRESIDENTIAL BLVD.  
SUITE 230  
BALA CYNWYD PA 19004

111 PRESIDENTIAL BLVD.  
SUITE 230  
BALA CYNWYD PA 19004-1004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3262704

Applied For

Not Applicable

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

TRIESTER, STANTON L  
101 SEABREEZE BLVD.  
DAYTONA BEACH FL 32118

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, 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	PTD	<input type="checkbox"/> Delete
NAME	STANTON, TRIESTER L.	
STREET ADDRESS	111 PRESIDENTIAL BLVD. STE 230	
CITY-ST-ZIP	BALA CYNWYD PA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SONIA, TRIESTER C.	
STREET ADDRESS	35 KINGS HWY EAST STE 112	
CITY-ST-ZIP	HADDONFIELD NJ	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JEAN, NORWORTHY	
STREET ADDRESS	111 PRESIDENTIAL BLVD. STE 230	
CITY-ST-ZIP	BALA CYNWYD PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN NORWORTHY 4/18/00 (610) 667-5400  
Date Daytime Phone #

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90201 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)