## 2000 UNIFORM BUSINESS REPORT (UBR)

Secretary of State  O1-26-2000 90099 026 ***150.00  Principal Pace of Business  Nating Address  Nating Address  Nating Address  Nating Address  O1-26-2000 90099 026 ***150.00  O2-26-2000 900	DOCUMENT # P99000025483  1. Entity Name						FILED Jan 26, 2000 8:00 am					
## MIRCORD AUTHOR # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA Proced Branch # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED Branch # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED Branch # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED Branch # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED Branch # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED Branch # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED BRANCH # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCEDUA PROCED BRANCH # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED BRANCH # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED BRANCH # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED BRANCH # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED BRANCH # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED BRANCH # 1755 EEDAN RIVOLLS NI 07827 **  ***PRICEDIA PROCED BRANCH # 1755 EEDAN RIVOLLS NI 07827 **  ***PR	DELTA F	LUID POWER PRODUCTS, II	NC.			·						
CEMA KICLLS NJ 07827  2. Principal Place of Business 1.9 (1) 0. R. PAC.	,		_					01	-26-2000 9	90099 026	5 ***1 <i>5</i> 0.00	)
19   D   BRACK   BOAD   LA RINGEDIA RAVE   DO NOT WRITE IN THIS SPACE   Applied For SWE AND			=									
19   D   BRACK   BOAD   LA RINGEDIA RAVE   DO NOT WRITE IN THIS SPACE   Applied For SWE AND	2. Principal P	lace of Business	3. Mailing Address									
Applied For North State												
TO PITE 1  20				_					DO NOT V	 		
219 Country 219 Country 33446 Country 5. Certificate of Status Desired 56. Registered Agent 7. Name and Address of New Registered Agent Name Agent STREET COPPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL \$2301-2525  8. The above named ynithy submits this statement for the hypurpospet changing its registered agent, or both, in the State of Florida.  9. This corporation is eligible to asliefly its Infrangible Task flor requirement and elects to do so. Marke The American State (1996) to asliefly its Infrangible Task flor requirement and elects to do so. Marke Check Papelle to Department of State (1996) to Debts 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO CEPTERS AND DIRECTORS 12. ADDITIONS/CHANGES TO CEPTERS AND DIRECTORS 10. FL. STATE AUGUST 1996. ADDITIONS/CHANGES TO CEPTERS AND DIRECTORS 10. FL. STATE AUGUST 1996. ADDITIONS/CHANGES TO CEPTERS AND DIRECTORS 10. FL. STATE AUGUST 1996. ADDITIONS/CHANGES TO CEPTERS AND DIRECTORS 10. FL. STATE AUGUST 1996. ADDITIONS/CHANGES TO CEPTERS AND DIRECTORS 10. FL. STATE AUGUST 1996. ADDITIONS/CHANGES TO CEPTERS AND DIRECTORS 10. FL. STATE AUGUST 1996. ADDITIONS/CHANGES TO CEPTERS AND DIRECTORS 10. FL. STATE AUGUST 1996. ADDITIONS/CHANGES TO CEPTERS AND DIRECTORS 10. FL. STATE AUGUST 1996. ADDITIONS/CHANGES TO CEPTERS AND DIRECTORS 10. FL. STATE AUGUST 1996. ADDITIONS 1997. ADDITION				_	A 1000				r2296			
CORPORATION SERVICE COMPANY 1201 HAYS STREET 1201 HAYS ST	Zip	Country	Zip		<del>Ю (</del>					d _ □′ -	<b>\$8.75</b> Ad	ditional
SCORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHAYS S		6. Name and Address of Current		1-	•		7. Na	ne and Ad	dress of Ne	w Registere	d Agent	
1201 HAYS STREET TAILAHASSEE FL 32301-2525  8. The above named grithy submits this statement for the surposed changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  S	CODE	PODATION SEDVICE COMPANY		_	To	SEAH	R	10	FAMTE			
8. The above named gritly submits this statement Mrt the Journoscycl changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elicits to do so. (See criteria on back)  After MAY 1, 2000 Fee will be 3550.00 Make that May 1, 2000 Fee will be 3550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  INFANTE, JOSEPH R  INFANTE, JOSEPH	1201	HAYS STREET			Street Ar	ddress (P.	.O. Box <i>EAC</i>	Number is #	Not Accepta	able) # <b>ʒ</b>	15A	
8. The above named yntity submits this statement of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	·	City	AITE				F	L Zip Coo	ie 1 <b>6 9</b>
9. This corporation is eligible to satisfy its intengible (see criteria on back)  10. Election Campaign Financing   \$5.00 May Be Added to Fees (See criteria on back)  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. THE	8. The above	named entity submits this statement to	or the purpose of changing its	s registered				t, or both, i	n the State o		1	, o <u>i</u>
9. This corporation is eligible to satisfy its intengible (see criteria on back)  10. Election Campaign Financing   \$5.00 May Be Added to Fees (See criteria on back)  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. THE	SIGNATURE	frum L	6					_		1/20	100	
After MAY 1, 2000 Fee will be \$55.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  INFANTE, JOSEPH R  14 RIDGEDALE AVENUE #205  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  Delete  TITLE  Delete  TITLE  De	,	<del>/</del>					when reins	(ating)				
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Tax filing r	equirement and elécts to do so.	After MAY 1, 20	000 Fee v	vill be \$5	50.00	e					
NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.		<del></del>	12.				TIONS/CH	IANGES TO	OFFICERS A		
STREET ADDRESS OF THE ROOF REACH ROAD # 315 A CITY-ST-ZIP CEDAR KNOLLS NJ 07927  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS		_	Delete					H.R	/WF	44TE	Change	∐ Additio
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	STREET ADDRESS	14 RIDGEDALE AVENUE #205				116	10	BEAC.	4 ROA	N # 31		
NAME STREET ADDRESS CITY-ST-ZIP    Delete		CEDAR KNOLLS NJ 07927			SI-ZIP	JUA	146	<u>.</u>	7 <u>L</u>	3346	•	☐ Additio
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP S			L Delete								gu	
TITLE    Delete												
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET AD			Delete · · ·	<del></del>		* <u> </u>	خخم		. ~	 پير	☐ Change	Additio
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-												
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. It 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:												
STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition STREET ADDRESS CITY-ST-ZIP  Change Addition STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Change  STREET ADDRESS CITY-ST-ZIP  Change  STREET ADDRESS CITY-ST-ZIP  Change  STREET ADDRESS CITY-ST-ZIP  Addition STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Change  STREET ADDRESS CITY-ST-ZIP  Change  STREET ADDRESS CITY-ST-ZIP  Change  STREET ADDRESS CITY-ST-ZIP  STRE	TITLE		☐ Delete	TITLE				,			☐ Change	☐ Additio
CITY-ST-ZIP  TITLE  INAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  INAME												
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  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 directo of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:			,	8								
STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  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 directo 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	TITLE		Delete	TITLE							☐ Change	Addition
CITY-ST-ZIP  TITLE  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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:		.,**										
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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:												
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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:			☐ Delete								☐ Change	☐ Additio
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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:												
indicated on this report or supplemental report is true and accurate/and final my signature shall have the same legal effect as it 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:						<u> </u>						
SIGNATURE:  561 575 1809	13. I hereby	certify that the information supplied with on this report or supplemental report i	n this filing does not qualify fo s true and accurate and that	or the exem	nption stat ure shall h	ted in Sec ave the sa	ction 11 ame leg	9.07(3)(i), l jal effect a	Florida Statut s if made und	es. I further of ler oath; that	certify that the	information r or director
SIGNATURE:    SIGNATURE   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daylor Phone #	of the co- changed	poration or the receiver or trustee emp or on an attachment with an address,	owered to execute this report with all other like empowered	t as require	ed by Cha	pter 607,	Florida	Statutes; a	and that my n	ame appear	s in Block 11 o	or Block 12 i
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	CIONAT	une. MMMM	Inches / Du me	95%						د دسر	ישו - קופיל חק	206
	SIGNAL	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	R OR DIRECTO	)R				Date	56/	Daytime Phone #	, v 7