FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 FEB 22 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037620

1. Entity Name
EFFECTIVE TELESERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4243-D NOrthlake Boulevard	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL	City & State
Zip: 33410-6276 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1109385 ☐ Applied For ☐ Not Applicable

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: Dilip Barot

Street Address (P.O. Box Number is Not Acceptable): 4243 Northlake Boulevard, Suite D

City: Palm Beach Gardens, **FL** Zip Code: 33410

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. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P Barot, Dilip 4243-D Northlake Boulevard Palm Beach Gardens, FL 3341	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400005022094-- -02/26/02--01079--022 ****158.75 ****158.7
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kakkar, Yash Pal 4243-D Northlake Boulevard Palm Beach Gardens, FL 3341	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3K
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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	

CR2E034B (12/01)

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: _____ DATE: 1/24/02 Daytime Phone: (561) 627-7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Yash Pal Kakkar, Secretary