## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 07, 2000 8:00 am Secretary of State **DOCUMENT # G42674** 1. Entity Name GENERAL AMERICAN DEVELOPMENT CORPORATION 05-07-2000 90009 013 \*\*\*150.00 Principal Place of Business Mailing Address 4300 W. OAKLAND PARK RD. 4300 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33313-1918 FT. LAUDERDALE FL 33313 841067 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2297657 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PANNU, JASWANT S. Street Address (P.O. Box Number is Not Acceptable) 3201 NE 40 ST. EAN BIVD. FT. LAUDERDALE FL 33308 or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) ure, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Detete TITLE TITLE GUPTA, RAJENDRA P. NAME NAME 10151 SW 3 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ANNU JASWANT PChange Addit 3700 NOCEAN BLUD 221907 ☐ Delete TITLE TITLE PANNU, JASWANT S. NAME NAME STREET ADDRESS STREET ADDRESS 3201 NE 40 ST. CITY-ST-ZIP CITY-ST-ZIP FAT: LAUDERDALE FL TITLE . Delete . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.