

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90560 041 ***158.75

DOCUMENT # H03389

1. Entity Name
PARK SQUARE ENTERPRISES INC.

Principal Place of Business

**5401 KIRKMAN ROAD
 SUITE 525
 ORLANDO FL 32819**

Mailing Address

**5401 KIRKMAN ROAD
 SUITE 525
 ORLANDO FL 32819**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5200 Vineland Rd

3. Mailing Address

5200 Vineland Rd

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-2402753

Applied For

Not Applicable

Zip

Country

32811

Zip

Country

32811

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUPTA, SURESH K.
 5401 KIRKMAN ROAD
 SUITE 525
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5200 Vineland Rd

Suite 200

City

Orlando

FL

Zip Code

32811

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, 2002 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

TITLE **CDT** ☐ Delete
 NAME **AGGARWAL, BRAHAM RATTAN**
 STREET ADDRESS **5401 KIRKMAN RD. STE. 525**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ Delete
 NAME **DESHPANDE, ANIL**
 STREET ADDRESS **5401 KIRKMAN RD. STE. 525**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **DVS** ☐ Delete
 NAME **GUPTA, SURESH**
 STREET ADDRESS **5401 KIRKMAN RD. STE. 525**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5200 Vineland Rd Suite 200**
 CITY-ST-ZIP **Orlando FL 32811**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5200 Vineland Rd suite 200**
 CITY-ST-ZIP **Orlando FL 32811**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **5200 Vineland Rd suite 200**
 CITY-ST-ZIP **Orlando FL 32811**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

BRAHAM AGGARWAL

1-May-02 407-529-3000

Date

Daytime Phone #

CR2E034 (9/01)