

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



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

DO NOT WRITE IN THIS SPACE

Zip **32811** Country
 Zip **32811** Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	<input type="checkbox"/> Delete
NAME	AGGARWAL, BRAHAM RATTAN	
STREET ADDRESS	5401 KIRKMAN RD. STE. 525	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DESHPANDE, ANIL	
STREET ADDRESS	5401 KIRKMAN RD. STE. 525	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GUPTA, SURESH	
STREET ADDRESS	5401 KIRKMAN RD. STE. 525	
CITY-ST-ZIP	ORLANDO FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5200 Vineland Rd Suite 200	
CITY-ST-ZIP	Orlando FL 32811	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5200 Vineland Rd suite 200	
CITY-ST-ZIP	Orlando FL 32811	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5200 Vineland Rd suite 200	
CITY-ST-ZIP	Orlando FL 32811	
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: *Braham Aggarwal* **1-May-02 407-529-3006**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
BRAHAM AGGARWAL

CR2E034 (9/01)