2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, w

thall other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 01, 2001 8:00 am **DOCUMENT # H91335** 1. Entity Name **Secretary of State** F. GUTTA CPA, PA 02-01-2001 90084 028 ***150.00 Principal Place of Business Mailing Address 300 NW 82ND AVE STE 508 300 NW 82ND AVE PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address BROWAND BLUD 8211 W BROWARD BLUD # 410 8211 Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2617069 LANTATION, PLANTA 110N Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTTA, FRANK Street Address (P.O. Box Number is Not Acceptable) 300 NW 82ND AVE #506--W BROWARD BLVD # 410 PLANTATION FL 33324 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition ☐ Delete NAME **GUTTA, FRANK** NAME 300 NW OZNO AVE. \$500 8211 W BROWARD BLUD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33324 Delete # 4/0 ☐ Addition ☐ Change TITLE NAME gutta. Feroza NAME 8211 W BROWARD BUDD 300 NW 82ND AVE, #500 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33324 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition NAME NARAE STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FRANK A GUSTA PAKS