

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91502 035 ***150.00

DOCUMENT # H91335

1. Entity Name

F. GUTTA CPA, PA

Principal Place of Business

8211 WEST BROWARD BLVD #410 350
PLANTATION FL 33324
US

Mailing Address

8211 WEST BROWARD BLVD #410
PLANTATION FL 33324
US

2. Principal Place of Business

3. Mailing Address

100 NIGHTHAWK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

Country

Zip

33324

Country

USA

4. FEI Number

59-2617069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTTA, FRANK

8211 WEST BROWARD BLVD #410
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **PD** ☐ Delete
 NAME **GUTTA, FRANK**
 STREET ADDRESS **8211 WEST BROWARD BLVD #410 100 NIGHTHAWK AVE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VPD** ☐ Delete
 NAME **GUTTA, FEROZA**
 STREET ADDRESS **8211 WEST BROWARD BLVD #410 100 NIGHTHAWK AVE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02
Date

(954) 452-8813
Daytime Phone #

CR2E034 (9/01)