

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60741

1. Entity Name

EXECUTIVE FINANCIAL ASSOCIATES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90103 032 \*\*\*158.75

Principal Place of Business

Mailing Address

C/O HARESH RICH EMANDI  
5723 WESTSHORE DRIVE  
NEW PORT RICHEY FL 34652

5723 WESTSHORE DRIVE  
5723 WESTSHORE DRIVE  
NEW PORT RICHEY FL 34652-3036  
US

2. Principal Place of Business

4770 U.S. Hwy 19

3. Mailing Address

4770 U.S. Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

Country

Zip

Country

34652

USA

4. FEI Number

59-3009337

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMANDI, RICH  
5723 WESTSHORE DRIVE  
NEW PORT RICHEY FL 34652

Name

RICH EMANDI

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

4770 U.S. Hwy 19

City NEW PORT RICHEY

FL

Zip Code

34652

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

*Rich Emandi*, RICH EMANDI

4/24/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME EMANDI, RICH  
STREET ADDRESS 5723 WESTSHORE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE P ☐ Delete  
NAME EMANDI, RICH  
STREET ADDRESS 4770 U.S. Hwy 19  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

*Rich Emandi*, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00  
Date

727-841-9998  
Daytime Phone #