

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002074

1. Entity Name

GUYANESE AMERICAN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1855 S. STATE ROAD 7  
FT. LAUDERDALE FL 33317

1855 S. STATE ROAD 7  
FT. LAUDERDALE FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABOOLAL, SHARMA  
1855 S. STATE ROAD 7  
FT. LAUDERDALE FL 33317

Name

NOT APPLICABLE

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

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
BABOOLAL, SHARMA  
1855 S. STATE ROAD 7  
FT. LAUDERDALE FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank]

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WYNTER, ANTHONY  
2121 BAYBERRY DRIVE  
PEMBROKE PINES FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank]

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JHAGRU, VASHEPATTI  
3012 N. OCEAN BLVD.  
FT. LAUDERDALE FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank]

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank]

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
[Blank]

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank]

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank]

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

FILED  
00 SEP 29 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0577628

Applied For

Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

CR2E037 (5/00)

0007380