## **2001 UNIFORM BUSINESS REPORT (UBR)** May 10, 2001 8:00 am Secretary of State DOCUMENT # P0000003522 1. Entity Name 2000 FLORIDA STORES, INC. 05-10-2001 90121 003 \*\*\*150.00 Mailing Address Principal Place of Business 1 **1592 SUNFLOWER COURT** 1592 SUNFLOWER COURT WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address 4270 ALOMA 1592 SUNFLOWER CT DO NOT WRITE IN THIS SPACE 1<u>36</u> Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE COUI2T CORAL GABLES FL 33134 1592 SUNFLOWER d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the 🗞 te of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. νP TITLE **PSTD** ☐ Delete TITLE GUNVANT D. DESAI NAME NAME DESAI, ARCHANA G 1592 SUNFLOWER COUIST, Winter STREET ADDRESS STREET ADDRESS 1592 SUNFLOWER COURT CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attaç at with an address, with all other like empowered.