

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018461

1. Entity Name
MINDSPAN, INC.

FILED
Sep 13, 2001 8:00 am
Secretary of State

05-15-2001 90119 040 ***150.00

000
AV 9960800

Principal Place of Business
6542 HYPOLUXO ROAD
#318
LAKE WORTH FL 33467

Mailing Address
6542 HYPOLUXO ROAD
#318
LAKE WORTH FL 33467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0982959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CHETTAYAR, CONNIE M
6542 HYPOLUXO ROAD
LAKE WORTH FL 33467

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: *Connie M Chettayar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-01

Date

Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018461

1. Entity Name
MINDSPAN, INC.

Attachment

12593

Principal Place of Business
6542 HYPOLUXO ROAD
#318
LAKE WORTH FL 33467

Mailing Address
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#318
LAKE WORTH FL 33467

2. Principal Place of Business

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
CHETTAYAR, CONNIE M
6542 HYPOLUXO ROAD
LAKE WORTH FL 33467

Delete

TITLE
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CITY-ST-ZIP

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Change Addition

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Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

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SIGNATURE:

Connie Chettayar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

561-736-9407

Daytime Phone #

CR2E034 (10/00)

Attachment

12593

Mr. Tyrone
Fl. Department Of State
Dir. Of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Tyrone,

Regarding reference # P00000018461 Mindspan Inc. Your department sent me a transital on May 24, 2001 siting a defieincy in block #4 no Federal Employer Identification #. I am sorry I have not been able to respond to you before my husband had a heart attack /operation and with three kids it's major stress.

I humble ask your corporation in this matter . The corrections have been made.

Thank You,
Connie Chettayar