

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91042 005 ***158.75

DOCUMENT # P00000071321

1. Entity Name
ACHIEVERS UNLIMITED, INC.



Principal Place of Business
5841 CORPORATE WAY
SUITE 200
WEST PALM BEACH FL 33407

Mailing Address
% THOMAS J. SKOLA, ESQ.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126-2065



2. Principal Place of Business

3. Mailing Address
5841 Corporate Way
Suite, Apt. #, etc.
Suite 200
City & State
West Palm Beach FL

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State

4. FEI Number 65-1058995

Applied For
Not Applicable

Zip Country

Zip Country
33407

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

SKOLA, THOMAS J
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

Name
Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Dr., Suite 602
City Miami FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas J. Skola*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/5/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATEL, AJIT 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126-2065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, RAKESH 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126-2065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOLA, THOMAS J ESQ 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126-2065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAZORRA, SHERRY 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 Brickell Key Dr., Suite 602 Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 Brickell Key Dr., Suite 602 Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 BRICKELL Key DR. suite 602 miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Sherry Mazorra*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/1/03 Phone # 3777

CR2E034 (10/02)