

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90060 050 ***150.00

DOCUMENT # P01000053609

1. Entity Name

ADVANTAGE HOME GROUP, INC.

Principal Place of Business

10956 BAL HARBOR DR.
 BOCA RATON FL 33498

Mailing Address

10956 BAL HARBOR DR.
 BOCA RATON FL 33498



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7201 Southgate Blvd
 Suite, Apt. #, etc. Ste. C10
 City & State North Lauderdale FL

Mailing Address

7201 Southgate Blvd
 Suite, Apt. #, etc. Ste. C10
 City & State North Lauderdale FL

4. FEL Number

65-1116847

Applied For

Not Applicable

Zip 33068

Country USA

Zip 33068

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGEL, VIDIA
 10956 BAL HARBOR DR.
 BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name Amrit Roy Chunulal
 Street Address (P.O. Box Number is Not Acceptable) 7201 Southgate Blvd # C10
 North Lauderdale FL
 City FL Zip Code 33068

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

Amrit Roy Chunulal

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGEL, VIDIA 10956 BAL HARBOR DR. BOCA RATON FL 33498	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUNULAL, AMRIT R 7901 SOUTHGATE BLVD., #C10 N. LAUDERDALE FL 33068	<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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

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:

Amrit Roy Chunulal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/02

Daytime Phone #

954
 292-3661

CR2E034 (9/01)