

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90068 012 ***150.00

DOCUMENT # P01000057374

1. Entity Name

Philo Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10849 Gleneagles Rd.

3. Mailing Address

10849 Gleneagles Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

24026339

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

65-1128111

Applied For

Not Applicable

Zip

33436

Country

Plm Bch.Co.

Zip

33436

Country

Plm Bch Co.

5. Certificate of Status Desired ☐
\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Henry Dean, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

251 N.E. Dixie Blvd.

City

Delray Beach,

FL

Zip Code
33444

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	Pres. Gora Aditya 10849 Gleneagles Road Boynton Beach, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)