

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

06-11-2002 90398 024 ***150.00

DOCUMENT # **P010000081140** ✓

1. Entity Name

Private Teachers of America, Inc**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

531 N. OCEAN BLVD

Suite, Apt. #, etc.

SUITE 201

3. Mailing Address

531 N. OCEAN BLVD

Suite, Apt. #, etc.

SUITE 201

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ALDA STEVENS

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

531 N Ocean Blvd #201**Suite 201**

City

POMPANO BEACH**FL**

Zip Code

33062

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

6/4/029. 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

DIRECTOR
MOHAMED MAHMOUD ABD ELGHANI
531 N. OCEAN BLVD. SUITE 201
POMPANO BEACH FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR
PANKAJ BILL SAWHNEY
531 N. OCEAN BLVD. SUITE 201
POMPANO BEACH FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PANKAJ B. SAWHNEY

Date

Daytime Phone

6/28/02

CR2E034B (12/01)