

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90105 034 \*\*\*150.00

DOCUMENT # P01000106834

1. Entity Name  
ON THE GO, INC.



Principal Place of Business  
10201 HAMMOCKS BOULEARD  
SUITE 279  
MIAMI FL 33196

Mailing Address  
10201 HAMMOCKS BOULEARD  
SUITE 279  
MIAMI FL 33196

55052767

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

APPLIED FOR

Applied For  
Not Applicable

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE PSTD  
NAME ARORA, GURBAKSH S ☒ Delete  
STREET ADDRESS 10201 HAMMOCKS BOULEVARD SUITE 279  
CITY-ST-ZIP MIAMI FL 33196

TITLE V  
NAME ARORA, DAVINDER S ☐ Delete  
STREET ADDRESS 10201 HAMMOCKS BOULEVARD SUITE 279  
CITY-ST-ZIP MIAMI FL 33196

TITLE V  
NAME JOLLY, PREET K ☐ Delete  
STREET ADDRESS 10201 HAMMOCKS BOULEVARD SUITE 279  
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PSTD  
NAME ARORA, DAVINDER S. ☒ Change ☐ Addition  
STREET ADDRESS 10201 HAMMOCKS BLVD., SUITE 279  
CITY-ST-ZIP MIAMI, FL - 33196

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: DAVINDER ARORA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

Date

305-213-3836

Daytime Phone #

CR2E034 (10/02)