

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90115 028 ***150.00

DOCUMENT # P01000109332

1. Entity Name

ANITA V. SINGH-AMARNATH, P.A.

Principal Place of Business

**C/O W. J. TREMBLAY, P.A.
 1801 S. FEDERAL HWY., STE. 219
 DELRAY BEACH FL 33483**

Mailing Address

**C/O W. J. TREMBLAY, P.A.
 1801 S. FEDERAL HWY., STE. 219
 DELRAY BEACH FL 33483**

2. Principal Place of Business

2405 CASTILLA ISLE
 Suite, Apt. #, etc.

3. Mailing Address

2405 CASTILLA ISLE
 Suite, Apt. #, etc.
FORT LAUDERDALE

City & State

FORT LAUDERDALE FLA

City & State

FLA

Zip
33301

Country

U.S.A

Zip
33301

Country

U.S.A

6. Name and Address of Current Registered Agent

**TREMBLAY, W J
 1801 S. FEDERAL HIGHWAY
 SUITE 219
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name **ANITA SINGH-AMARNATH**
 Street Address (P.O. Box Number is Not Acceptable)
2405 CASTILLA ISLE
FORT LAUDERDALE FLA
 City **FL** Zip Code **33301**

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 *Anita Singh-Amarnath* **3.13.02**
 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) ☒

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 SINGH-AMARNATH, ANITA V 2405 CASTILLA ISLE FT. LAUDERDALE FL 33301	<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
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
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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: *Anita Singh-Amarnath*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.13.02 **954.524.1300**
 Date Daytime Phone #

CR2E034 (9/01)