

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90102 014 \*\*\*150.00

**DOCUMENT # P01000109873**



1. Entity Name  
**BHAGY'S SERVICES, INC.**

Principal Place of Business  
**39 S. CORTEZ DR.  
MARGATE FL 33068**

Mailing Address  
**39 S. CORTEZ DR.  
MARGATE FL 33068**



2. Principal Place of Business  
**6618 STARDUST**

3. Mailing Address

Suite, Apt. #, etc.  
**6618 STARDUST**

Suite, Apt. #, etc.  
**6618 STARDUST**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**NORTH LAUDERDALE**

City & State  
**NORTH LAUDERDALE**

4. FEI Number **30-0028404**

Applied For  
Not Applicable

Zip **33068** Country **FLORIDA**

Zip **FL** Country **33068**

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

**BHAGWANDEEN, RAJNAUTH  
39 S. CORTEZ DR.  
MARGATE FL 33068**

Name **BHAGWANDEEN, PRAMNATH**

Street Address (P.O. Box Number is Not Acceptable)  
**6618 STARDUST**

City **NORTH LAUDERDALE** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BHAGWANDEEN, RAJNAUTH**  
CITY-ST-ZIP **39 S. CORTEZ DR.  
MARGATE FL 33068**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DELOIAN, RAWTIE**  
CITY-ST-ZIP **39 S. CORTEZ DR.  
MARGATE FL 33068**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BHAGWANDEEN, PRAMNATH**  
CITY-ST-ZIP **6618 STARDUST  
NORTH LAUDERDALE FL 33068**

TITLE ☒ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **BHAGWANDEEN, PRAMNATH**  
CITY-ST-ZIP **6618 STARDUST  
NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DELOIAN, KENNETH JR**  
CITY-ST-ZIP **39 S. CORTEZ DR.  
MARGATE FL 33068**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BHAGWANDEEN, SUZANNE D**  
CITY-ST-ZIP **39 S. CORTEZ DR.  
MARGATE FL 33068**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: **PRAMNATH BHAGWANDEEN** REQUIRED

**PRESIDENT 3-8-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)