

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069397

1. Entity Name

KOOTTUNGAL & ASSOCIATES CONSULTING SERVICES, INC

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90039 040 ***550.00

Principal Place of Business

Mailing Address

18526 NW 67TH AVE
SUITE 104
MIAMI FL 33015
US

18526 NW 67TH AVE
SUITE 104
MIAMI FL 33015
US

00062001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18520 NW 67 AVENUE

3. Mailing Address

18520 NW 67 AVENUE

Suite, Apt. #, etc.

SUITE 104

Suite, Apt. #, etc.

SUITE 104

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-0520864

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

US

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.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **DECIUS, LEGRAND**
STREET ADDRESS **18520 NW 67TH AVE SUITE 104**
CITY-ST-ZIP **MIAMI FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **VIJU KOOTTUNGAL**
STREET ADDRESS **18520 NW 67TH AVENUE, SUITE 104**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VP** ☒ Delete
NAME **KOOTTUNGAL, VIJU**
STREET ADDRESS **18520 NW 67 AVE SUITE 104**
CITY-ST-ZIP **MAIMI FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **YVETTE BROWN**
STREET ADDRESS **18520 NW 67TH AVENUE, SUITE 104**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/01/2000 305 331 0432

Date

Daytime Phone #

CR2E034 19/99