PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9400094210

TEETA INTERNATIONAL, INC.

| | Principal Place of Business |
|---|-----------------------------|
| | 2240 WEST FAIRBANKS AVENUE |
| i | 1061 MAITLAND COMMONS |
| i | MAITLAND FL 32751 |

Mailing Address

2240 WEST FAIRBANKS AVENUE

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90055 031 ***150.00



| 1061 MAITLAND | | 2007 OAKVIEW CIR | | | DO NOT WRITE IN THIS SPACE | | | | |
|---|--|------------------------------------|--------------|----------------------------------|--|-------------|----------------|------------|--|
| MAITLAND FL 3 | 2/51 | ST CLOUD FL 34770 US | | 3. Date Incorporated or Qualifed | | | ~~~ | | |
| | | | | | 12/30/1994 | | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Appl | ed For | |
| 21 2007 CAKUTEW CIRCLE 26 2007 OAKVEEW C. | | | | | 59-3287426 | | Not A | Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | . 75 Ad | | |
| 22 2007 | 27 2.007 | | | J. Cermone of Status 200 and | F | ee Requ | ired | | |
| City & State | | City & State | | | 6. Election Campaign Financing | • | i. 00 м | 7 1 | |
| 23 ST-C | 28 ST-CLOUD | FLOR | | Trust Fund Contribution | | ided to | Fees | | |
| Zip | Country. | Zip | | | 8. This corporation owes the current year Intangible Personal Property Tax. | | | | |
| 24 347 | | 29 34769 30 | <u>μ.</u> | <u>s.a.</u> | Personal Property Tax. 10. Name and Address of New Registered | | S L | INO | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New Registered | Agent | | | |
| ше | SAIN. GULTAJ | . % | 0. | Hame | | | | | |
| | OAKVIEW CIR | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | | | |
| | LOUD FL 34769 | | 83 | | | | | | |
| 310 | LOOD L 04/08 | | 3 | | | | | | |
| | | | 84 | City | FL | 85 | Zip Co | de | |
| 11 Disassant | the provisions of Sections 607.0502 | and 607 1508 Florida Statutes | the above | e-named a | · · · · · · · · · · · · · · · · · · · | | ng its re | gistered | |
| office or re | egistered agent, or both, in the State of | Florida. Such change was autho | orized by | the corpo | corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoint | intment | as regis | itered | |
| agent. I ar | n familiar with, and accept the obligation | ins of, Section 607.0505, Florida | Statutes | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable (NOTE: Rec | nistered Age | nt signature re | equired when reinstating) DATE | | | — i | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | VD DIR | ECTOR | S IN 12 | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | ⊠ Ch | ange | ☐ Addition | |
| NAME | HUSSAIN, GULTAJ | | 1.2 NAME | | | | | ì | |
| STREET ADDRESS | 1061 MAITLAND COMMONS | | 1.3 STREE | ADDRESS | 2007 DAKUTEW CARCLE | | | | |
| CITY-ST-ZIP | MAITLAND FL 32751 | | | T-ZIP | ST-CLOUD FL 34769 | | | | |
| TITLE | T | ⋉ DÉLETE | 2.1 TITLE | | | Ch | ange | ☐ Addition | |
| NAME | HUSSAIN, MAHBOOB | | 2.2 NAME | l | | | | | |
| STREET ADDRESS | 1061 MAITLAND COMMONS | | 2.3 STREE | TADORESS | | | | } | |
| CITY-ST-ZIP | MAITLAND FL 32751 | | 2. 4 CITY-5 | ST-ZIP | | | | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | | ⊠ Ch | nange | ☐ Addition | |
| NAME | SALBER, BARBARA | | 3.2 NAME | | | | | } | |
| STREET ADDRESS | 1061 MAITLAND COMMONS | | 3.3 STREE | TADDRESS | 2007 DAKUTEW CERCLE | | | 1 | |
| CITY-ST-ZIP | MAITLAND FL 32751 | <u>:</u> | 3.4. CITY-5 | T-ZIP | ST-CCOUD FL 34769 | | | | |
| TITLE . | | ☐ DELETE: | 4.1 TITLE | | - | ☐ Ch | nange | ☐ Addition | |
| NAME | | • | 4. 2 NAME | | | | | | |
| STREET ADDRESS | . | | 4.3 STREE | T ADDRESS | | | | | |
| City-St-ZIP | | | 4.4 CITY-S | T-Z!P | | | | | |
| TITLE | • | DELETE | 5.1 TITLE | | | 다 | nange | Addition | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | | TADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | 다 | nange | Addition | |
| NAME | | | 6.2 NAME | • | | | | | |
| STREET ADDRESS | | | | TADDRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | T-ZIP | | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: