## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # P94000094210 1. Entity Name TEETA INTERNATIONAL, INC. 04-19-2000 90058 022 \*\*\*150.00 Principal Place of Business Mailing Address 2007 OAKVIEW CIR 2007 OAKVIEW CIR #2007 #2007 ST CLOUD FL 34769 ST CLOUD FL 34769-6810 2. Principal Place of Business 3. Mailing Address P.O.BOX 701243 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 701243 Applied For City & State City & State 4. FEI Number 59-3287426 FLOREDA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired นธ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUSSAIN, GULTAJ Street Address (P.O. Box Number is Not Acceptable) 2007 OAKVIEW CIR ST CLOUD FL 34769 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Change ☐ Addition TITLE □ Delete HUSSAIN, GULTAJ NAME NAME STREET ADDRESS 2007 OAKVIEW CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL 34769 Change □::\ddition TITLE ✓ Delete TITLE SALBER, BARBARA NAME NAME STREET ADDRESS 2007 OAKVIEW CIR STREET ADDRESS CITY-ST-ZIP ST CLOUD FL 34769 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME" --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete T!TI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 13. Thereby 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 TREE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone #