## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am P95000032260 Secretary of State DOCUMENT # 1. Entity Name 02-11-2002 90070 030 \*\*\*150.00 NEENA GUPTA, D.O., P.A. Principal Place of Business Mailing Address 5430 W. SAMPLE ROAD 5430 W. SAMPLE ROAD MARGATE FL 33073 MARGATE FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0580092 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \_\_\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUPTA. NEENA** Street Address (P.O. Box Number is Not Acceptable) 5430 W. SAMPLE ROAD MARGATE FL 33073 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GUPTA, NEENA NAME NAME 5430 W. SAMPLE ROAD STREET ADDRESS STREET ADDRESS MARGATE FL 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-7IP 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01