

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080958 (7)

1. Corporation Name
UNITED GULF INSURANCE, INC.

Principal Place of Business
3660 N STATE ROAD 7
LAUDERDALE LAKES FL 33319

Mailing Address
3660 N STATE ROAD 7
LAUDERDALE LAKES FL 33319

FILED

97 AUG 13 AM 7:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/27/1996

3a. Date of Last Report

4. FEI Number

65-0697591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITAVAYANI, ANWAR
3650 N STATE ROAD 7
LAUDERDALE LAKES FL 33319

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MITHAVAYANI, ANWAR
STREET ADDRESS 841 NE 206 STREET
CITY-ST-ZIP NO MIAMI FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT
1.2 NAME MITHAVAYANI MUHAMMAD
1.3 STREET ADDRESS 11000 S.W. 23rd St.
1.4 CITY-ST-ZIP DAVIDE, FL, 33324.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (4/97)

②
JULY 21ST, 1997.

TO WHOM IT MAY CONCERN
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RE: 1997 PROFIT CORPORATION ANNUAL REPORT.

ATTN: SANDRA B. MORTHAM,
SECRETARY OF STATE,
DIV. OF CORPORATIONS.

DEAR MADAM,

WE RECEIVED THE 1997 PROFIT CORPORATION ANNUAL REPORT PACKET IN THE MAIL TODAY FOR UNITED GULF INSURANCE, AND ON IT WAS STAMPED 2ND REQUEST. HOWEVER WE NEVER RECEIVED THE 1ST PACKET FOR RENEWAL. I CALLED YOUR OFFICE TODAY AND WAS ASKED TO FORWARD A LETTER TO YOU REGARDING THIS AND TO SUBMIT A CHECK FOR \$165.00, WHICH IS HEREBY ENCLOSED. WOULD APPRECIATE VERY MUCH IF YOU WOULD ACCEPT THIS CHECK AND NOT PENALIZE US. THANKING YOU IN ADVANCE.

YOURS RESPECTFULLY,

ANWAR MITHAVAYANI

ANWAR MITHAVAYANI

PRESIDENT
UNITED GULF INSURANCE.