

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007372

1. Entity Name

GOSHER PROPERTIES, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90211 006 \*\*\*150.00

Principal Place of Business

Mailing Address

865 SAN PEDRO COURT  
 KISSIMMEE FL 34758

665 SAN PEDRO COURT  
 KISSIMMEE FL 34758-4016

2. Principal Place of Business

1595 SHADY OAK DRIVE

3. Mailing Address

1595 SHADY OAK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

4. FEI Number

13-3930664

Applied For

Not Applicable

Zip

34744

Country

U.S.A.

Zip

34744

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERSAUD, PAUL  
 865 SAN PEDRO COURT  
 KISSIMMEE FL 34758

7. Name and Address of New Registered Agent

Name

PAUL PERSAUD

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

1595 SHADY OAK DRIVE

City

KISSIMMEE

FL

Zip Code

34744

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PERSAUD, GOBIN	3702 SECOR AVENUE	BRONX NY 10466	<input type="checkbox"/>
D	PERSAUD, MOHANE	3702 SECOR AVENUE	BRONX NY 10466	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*GoBin Persaud*  
 GOBIN PERSAUD

2/28/2000 (718) 325-6462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/97)