## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077260 (2)

UNIGROWTH SYSTEMS INC.

Principal Place of Business Mailing Address

## **FILED** May 11 1998 8:00am Secretary of State



8396 W OAKLAND PARK BLVD SUNRISE FL 33351			8386 W OAKLAND PARK BLVD Sunrise FL 33351		DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified 09/09/1997	
2. Principal P	lace of Businoss	2a. Mailing Add	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		0239446-23	Not Applicable
Suite, Apt.	W, etc.	<del> </del>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Co	ountry	B. This corporation owes or has paid the co	urrent vear Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of (	Current Registered Agent			10. Name and Address of New Registered	d Agent
GU	PTA, SANJAY			81 Name		
8386 W OAKLAND PARK BLVD SUNRISE FL 33351				82 Street Address (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
				63 Street Add	diess (r.O. box number is not Acceptable)	
				84 City	F	85 Zip Code
office or r agent 1 a	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	<ul> <li>State of Florida, Such chair obligations of, Section 607</li> </ul>	nge was authoriz .0505, Florida St	ed by the corpora atutes.	rporation submits this statement for the purpose alion's board of directors. I hereby accept the ap	of changing its registered oppointment as registered
SIGNATURE	Signature, typod or printed name of regist	QUPTA, SA	(NOTE Register	red Agent signature requ	ired when reinstating) DATE	01 22 10
12.	OFFICE	RS AND DIRECTORS	13	<b>,</b>	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	D	ELETE 1.1	TITLE		Change Addition
NAME	GUPTA, SANJAY		1.2	NAME		
STREET ADDRESS	8386 W OAKLAND PARI	k BLVD	1.3	STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351		1.4	CITY-ST-ZIP		
TITLE		D		TITLE		Change Addition
NAME			2.2	NAME		
STREET ADDRESS			2.3	STREET ADDRESS		
CITY-SI-Z#P			2.4	CITY-ST-ZIP		
TITLE				TITLE		☐ Change ☐ Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET ADDRESS		
CITY-ST-ZIP			3.4.	CITY-ST-ZIP		
TITLE		□ D	ÉLETE 4.1	TITLE		☐ Change ☐ Addition
NAME			4.2	NAME	•	
STREET ADDRESS			4.3	STREET ADDRESS		
CITY-ST-ZIP			44	CITY - ST - ZIP		
TITLE		D		TITLE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		Пр		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP	postific that the information supe	lind with this files does not		CITY-ST-ZIP	Continu 110 07/2Vi) Florida Statutos I further	partifu that the information

indicated on this annual report or supplies and this ming does not quarry for the exemption stated in section 119.07(5)(), Florida Statutes. Include certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

954 746 9709