2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000077260** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name UNIGROWTH SYSTEMS INC. 04-20-2000 90007 028 ***150.00 Principal Place of Business Mailing Address 10079 WEST SUNRISE STRIP 10079 WEST SUNRISE STRIP NOBHILL PLAZA NOBHILL PLAZA FORT LAUDERDALE FL 33322 FORT LAUDERDALE FL 33322 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0779650 Not Applicable Zip Country 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, SANJAY **GUPTA, SANJAY** Street Address (P.O. Box Number is Not Acceptable) 8386 W OAKLAND PARK BLVD NW 74th #103 SUNRISE FL 33351 Zip Code 33072 COCONUT CREEK 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE ☐ Delete TITLE GUPTA, SANJAY **GUPTA, SANJAY** NAME NAME 5710 NW 74th PL. #103 8386 W OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LREEK, FL 33073 CITY-ST-ZIP LOCONUT SUNRISE FL 33351 ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:



04-18-00

454-746-7740

. Daytime Phone #

(Sec.) +con.