

2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90437 038 \*\*\*150.00

DOCUMENT # P97000077260

1. Entity Name

UNIGROWTH SYSTEMS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10079 WEST SUNSET STRIP

3. Mailing Address

10079 WEST SUNSET STRIP

Suite, Apt. #, etc.

NOB HILL PLAZA

Suite, Apt. #, etc.

NOB HILL PLAZA

DO NOT WRITE IN THIS SPACE

City &amp; State

SUNRISE, FLORIDA

City &amp; State

SUNRISE, FL

4. FEI Number

65-0779650

Applied For

Not Applicable

Zip

33322

Country

Zip

33322

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SANJAY GUPTA

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

1511 NW 125th Ave. # 8106

City

SUNRISE

FL

Zip Code

33323

DO NOT WRITE  
IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

SANJAY GUPTA, D  
5890 SW 5th ST  
SUNRISE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1511 NW 125th Ave. # 8-106  
SUNRISE, FL 33323

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SANJAY GUPTA

Director

4/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)