

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90119 046 ***150.00

DOCUMENT # **P97000092039**

1. Entity Name

PERFECT STATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 BELCHER RD

Suite, Apt. #, etc.

3. Mailing Address

3000 BELCHER RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

59-3455161

Applied For

Not Applicable

Zip

33683

Country

U.S.A.

Zip

33683

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **AZIZ MITHWANI**

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

3000 BELCHER RD

City **PALM HARBOR, FL**

Zip Code

33683

**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)

4-19-02

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	PRESIDENT
NAME	AZIZ MITHWANI
STREET ADDRESS	3000 BELCHER RD
CITY - ST - ZIP	PALM HARBOR, FL 33683
TITLE	VICE PRESIDENT
NAME	RENU MITHWANI
STREET ADDRESS	3000 BELCHER RD
CITY - ST - ZIP	PALM HARBOR, FL 33683
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 941-518-4748

Date

Daytime Phone #

CR2E034B (12/01)