

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005227

1. Entity Name

IAI WESTWOOD, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90112 037 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O DAVID A. WEBSTER, P.A.  
413 VIRGINIA DR.  
ORLANDO FL 32803

C/O DAVID A. WEBSTER, P.A.  
413 VIRGINIA DR.  
ORLANDO FL 32803-1842

C/O DAVID A. WEBSTER, ESQ.

C/O DAVID A. WEBSTER, ESQ.

2. Principal Place of Business

3. Mailing Address

UNGER, WEBSTER, SWARTWOOD

UNGER, WEBSTER, SWARTWOOD & ACREE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

701 PEACHTREE ROAD

701 PEACHTREE ROAD

City & State  
ORLANDO, FL 32804

City & State  
ORLANDO, FL 32804

4. FEI Number 58-2370145

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOTOLAW, INC.  
413 VIRGINIA DR  
ORLANDO FL 32803

Name  
UWSA SERVICES, INC.

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

City ORLANDO FL Zip Code 32804

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]*  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GAZDAR, HOMI  
STREET ADDRESS 200 BOULDER RIDGE ROAD  
CITY-ST-ZIP SCARSDALE NY 10583

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MAITRA, PINAK  
STREET ADDRESS 200 BOULDER RIDGE ROAD  
CITY-ST-ZIP SCARSDALE NY 10583

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BARNHARD, SETH  
STREET ADDRESS 5067 WINDING BRANCH DR.  
CITY-ST-ZIP DUNWOODY GA 30338

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 the like empowered.

*[Signature]* HOMI GAZDAR

CR2E034 (9/99)