

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90059 019 ***150.00

DOCUMENT # **P98000007464**

1. Entity Name

Nothing But Showers Inc ✓

Principal Place of Business

Mailing Address

11875 SW 118th
MIAMI FL 33157

11492 SW 186th St
MIAMI FL 33177

C0048982

2. Principal Place of Business

3. Mailing Address

11875 SW 118th
 Suite, Apt. #, etc.

11875 SW 118th
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI FL

MIAMI FL

4. FEI Number

Applied For

65-0807880

Not Applicable

Zip

Country

Zip

Country

33177

MIAMI-DADE

33177

MIAMI-DADE

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

BALDEO, CHANDRADATH P.
11875 SW 188th St
MIAMI FL 33177

BALDEO, CHANDRADATH P
 Street Address (P.O. Box Number is Not Acceptable)
11875 SW 188th St
 City **MIAMI** FL Zip Code **33177**

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 **B. P. Baldeo**

4/2/01

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, 2001 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 **DRS.T** ☒ Delete
 NAME **BALDEO CHANDRADATH**
 STREET ADDRESS **11875 SW 188th St**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **BALDEO CHANDRADATH**
 STREET ADDRESS **11875 SW 188th St**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 other like empowered.

SIGNATURE: **B. P. Baldeo**

4/2/01

305-235-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E034 (11/00)