

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024423

1. Entity Name

AHG SYSTEMS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90084 045 ***150.00

Principal Place of Business

Mailing Address

8224 SEVERN DRIVE
SUITE B
BOCA RATON FL 33433
US

8224 SEVERN DRIVE
SUITE B
BOCA RATON FL 33467-7120
US

2. Principal Place of Business

3. Mailing Address

7766 Oak Grove Cir ← Same as

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth, FL

Zip

Country

Zip

Country

33467

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0823929

Applied For
Not Applicable

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

~~GANH, ASHOK~~
~~8224 SEVERN DRIVE~~
~~SUITE B~~
~~BOCA RATON FL 33433-1137~~

7766 Oak Grove Cir
Lake Worth, FL
33467

Name

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

City

FL

Zip Code

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

Ashok Ganth

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 PD
NAME GANTH, ASHOK
STREET ADDRESS 8224 SEVERN DRIVE B
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE D
NAME GANTH, ANJIE ANJU
STREET ADDRESS 8224 B SEVERN DRIVE
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME Ganth, Anju
STREET ADDRESS 7766 oak Grove Cir
CITY-ST-ZIP Lake Worth, FL 33467 ☒ Change ☐ Addition

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

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

561-963-9201

Date

Daytime Phone #