

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049770

1. Entity Name:

DGE A Holdings, Inc.

FILED

01 APR 30 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7797 N. University DR
Ste 204
Tamarac, FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00-01

4. FEL Number

65-0887548

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

Name: Andrea Perry

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

5375 NW 49th St

City: Coconut Creek FL

Zip Code: 33073

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: Andrea Perry

1-11-01

9. This corporation is eligible to satisfy its intangible
taxing requirement and elects to do so
(See or term 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	partner-president	☐ Delete
NAME	Vikram Goel	
STREET ADDRESS	21182 Falls Ridge Way	
CITY-STATE-ZIP	Boca Raton, FL 33428	
TITLE	partner V. President	☐ Delete
NAME	Christopher Daly	
STREET ADDRESS	4871 NW 70th Place	
CITY-STATE-ZIP	Parkland, FL 33067	
TITLE	partner Treasurer	☐ Delete
NAME	Patrick Daly	
STREET ADDRESS	7800 W. Oakland Park Blvd Ste 102	
CITY-STATE-ZIP	Surprise, FL 33351	
TITLE	partner Secretary	☐ Delete
NAME	Maresh Agrawal	
STREET ADDRESS	2500 E. Independence Blvd	
CITY-STATE-ZIP	Charlotte, NC 28205	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: Vikram Goel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT