

2000-UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # P99000009045

1. Entity Name

KALLOO AND ASSOCIATES, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-04-2000 90001 029 ***150.00

Principal Place of Business

7808 MIRAMAR BLVD.
MIRAMAR FL 33023

Mailing Address

7808 MIRAMAR BLVD.
MIRAMAR FL 33023

2. Principal Place of Business

7808 MIRAMAR BLVD

3. Mailing Address

7808 MIRAMAR BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR FL

City & State

MIRAMAR FL

4. FEI Number

65-1029700

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33023

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

KALLOO, LISA
7808 MIRAMAR BLVD.
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

SHAFFICK KALLOO SS# 592-71-4444

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

City

MIRAMAR

FL

Zip Code

33023

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

LISA KALLOO

Lisa Kalloo

7-17-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D
NAME KALLOO, LISA
STREET ADDRESS 7808 MIRAMAR BLVD.
CITY-ST-ZIP MIRAMAR FL 33023
VICE PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE KALLOO SHAFFICK
NAME 7808 MIRAMAR BLVD.
STREET ADDRESS PRESIDENT
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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:

LISA KALLOO

7-17-00

954-963-2066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)