

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010611

1. Entity Name
GAMAFLEX INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90048 011 ***158.75

Principal Place of Business Mailing Address

2. Principal Place of Business
1301 W. COPANS Rd.
Suite, Apt. #, etc. **G6 G7.**
City & State **POMPANO BEACH.**
Zip **33064** Country **BROWARD.**

3. Mailing Address
1301 W. COPANS Rd.
Suite, Apt. #, etc. **#G6 #G7.**
City & State **POMPANO Bch**
Zip **33064** Country **BROWARD.**

00060690

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-089-1589** Applied For ☒ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
GANESH MAHARAJ
4680 NW. 93rd AVE.
SUNRISE FL 33351

7. Name and Address of New Registered Agent
Name **HARRYNARINE MAHARAJ**
Street Address (P.O. Box Number is Not Acceptable) **3602 N.W. 82nd AVE.**
CORAL SPRING
City **FL** Zip Code **33065**

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  **HARRYNARINE MAHARAJ** **05/25/00.**
Signature, typed or printed name of registered agent not 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. ☐ **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

TITLE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME GANESH MAHARAJ	
STREET ADDRESS 4680 NW. 93rd AVE.	
CITY-ST-ZIP SUNRISE FL 33351	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRYNARINE MAHARAJ	
STREET ADDRESS 3602 N.W. 82nd	
CITY-ST-ZIP CORAL SPRING FL 33065	
TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANISA ROMANA MUZAFFARR	
STREET ADDRESS 2512 S.W 34 AVE	
CITY-ST-ZIP FT. LAUDERDALE FL 33312	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **GANESH MAHARAJ** **05-25-00** **954-747-3306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)