

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031618

1. Entity Name
SPAUL, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90145 001 ***150.00

Principal Place of Business Mailing Address
14 NE 1ST AVENUE SUITE 1005 **14 NE 1ST AVENUE SUITE 1005**
MIAMI FL 33132 **MIAMI FL 33132**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0908879** 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

YOUNG, DAVID V
14 NE 1ST AVENUE SUITE 1005
MIAMI FL 33132

Name
Street Address (P.O. Box Number is Not Acceptable)
1103 NW 180 Avenue
City **Pembroke Pines** **FL** Zip Code **33029**

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 *[Signature]* DATE **4/30/01**
Signature, type or printed name of registered agent and client, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | PD | <input type="checkbox"/> Delete |
| NAME | PAUL, SHUBRATO | |
| STREET ADDRESS | C 26/35-15 RAMKATROA COMPOUND | |
| CITY-ST-ZIP | VARANASI 221001, INDIA | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | PAUL, ESHTER SHEILA | |
| STREET ADDRESS | C 26/35-15 RAMKATROA COMPOUND | |
| CITY-ST-ZIP | VARANASI 221001, INDIA | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | YOUNG, DAVID V | |
| STREET ADDRESS | 14 NE 1ST AVENUE SUITE 1005 | |
| CITY-ST-ZIP | MIAMI FL 33132 | |
| 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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1103 NW 180 Avenue | |
| CITY-ST-ZIP | Pembroke Pines FL 33029 | |
| 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: *[Signature]* **TREASURER** DATE **4/30/01** **305-321-7506**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)