

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # **P990000034713**

1. Entity Name
BUTALA ENTERPRISES Inc.

FILED

01 NOV -5 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1201 N. Lakemont Ave Winter Park FL 32789

Mailing Address
Smoothie King 1201 N. Lakemont Ave Winter Park FL 32789

2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3580750

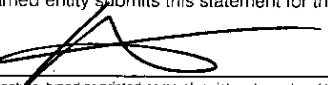
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Bharati Butala 712 Ashford Oaks Dr #101 Altamonte Springs FL 32714

7. Name and Address of New Registered Agent
Name **ALTAR KARTON**
Street Address (P.O. Box Number is Not Acceptable)
1655 E Semoran Blvd 20
City **Apopka** State **FL** Zip Code **32703**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **10/28/01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BHARATI BUTALA 712 ASHFORD OAKS DR #101 ALTAMONTE SPRS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SURENDRA BUTALA 712 ASHFORD OAKS DR #101 ALTAMONTE SPRS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **B. S. Butala**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Oct 11/01**
Daytime Phone #

CR2E034 (11/00)

A&Y ACCOUNTING SERVICES
CERTIFIED PUBLIC ACCOUNTANTS

292

1655 E. Semoran Blvd.
Suite #20
Apopka, FL 32703
Tel: (407) 814-2333
Fax: (407) 814-2334

Dear Sir/Madam,

October 28, 2001

I wanted to let you know that we have not receive the original uniform business report. Please waive the \$400 late fee as we did not receive the original form.

Sincerely,



ALTĀF KARIM, CPA