

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90142 041 \*\*\*150.00

0476341 AV

**DOCUMENT # P99000040359**

1. Entity Name  
**WG'S USA, INC.**

Principal Place of Business  
**141 5TH STREET NW, SUITE 100**  
**WINTER HAVEN FL 33881**

Mailing Address  
**505 AVE. "A" N.W.**  
**WINTER HAVEN FL 33881**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3525 HWY 17 NORTH**

**3525 HWY 17 NORTH**

City & State

City & State

**WINTER HAVEN, FLORIDA**

**WINTER HAVEN FLORIDA**

Zip

Country

Zip

Country

**33881**

**USA**

**33881**

**USA**

4. FEI Number

**11-3515291**

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

**GOVONI, BRIAN R**  
**141 5TH STREET NW, SUITE 100**  
**WINTER HAVEN FL 33881**

Name

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

City

**FL**

Zip Code

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHOWDHURY, LOCHAN SINGH</b> <b>141 5TH STREET NW, SUITE 100</b> <b>WINTER HAVEN FL 33881</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINGH, CHOWDHARY J</b> <b>42-49 GOLDEN STREET, APT 11C</b> <b>FLUSHING NY 11355</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAUR, MANJEET</b> <b>SUITE 102, 505 AVE. A N.W.</b> <b>WINTER HAVEN FL 33881</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINGH, SANDEEP</b> <b>SUITE 102, 505 AVE. A N.W.</b> <b>WINTER HAVEN FL 33881</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHONDHURY, DALBIR S</b> <b>SUITE 102, 505 AVE. A N.W.</b> <b>WINTER HAVEN FL 33881</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINGH CHONDHURY, DALBIR</b> <b>SUITE 102, 505 AVE. A N.W.</b> <b>WINTER HAVEN FL 33881</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHOWDHURY LOCHAN SINGH</b> <b>3525 HWY 17 NORTH</b> <b>WINTER HAVEN, FLORIDA-33881</b> <b>USA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DILBAGH SINGH</b> <b>J-16 - SANIK FARM, NEWDEH</b> <b>INDIA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KAUR MANJEET</b> <b>3525 HWY 17 NORTH</b> <b>WINTER HAVEN, FL-33881</b> <b>USA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SINGH SANDEEP</b> <b>3525 HWY 17 NORTH</b> <b>WINTER HAVEN, FL-33881</b> <b>USA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHOWDHURY DALBIR SINGH</b> <b>LUDHIANA, PUNJAB</b> <b>INDIA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHOWDHURY JASWINDER SINGH</b> <b>LUDHIANA, PUNJAB</b> <b>INDIA</b>	<input checked="" 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:**

*Lochan Singh*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-3-2002** Daytime Phone # **863-299-1860**

CR2E034 (9/01)