

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

Apr 24, 2000 8:00 am
Secretary of State

02-01-2000 90042 037 ***150.00

DOCUMENT # P99000053727

1. Entity Name

LAKE WALES UNIVERSAL, INC.

Principal Place of Business

Mailing Address

**302 U.S. 27TH SOUTH
LAKE WALES FL 32792**

**302 U.S. 27TH SOUTH
LAKE WALES FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3583063

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name **SYED, MUHAMMAD A**

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

302 U.S. HWY 27 SOUTH

City **LAKE WALES**

FL

Zip Code
33853

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

MUHAMMAD A. SYED

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01.25.2000

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, 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 **PD** ☐ Delete
NAME **KAPADIA, HASAN J**
STREET ADDRESS **302 U.S. 27TH SOUTH**
CITY-ST-ZIP **LAKE WALES FL 32792 33853**

TITLE **STD** ☐ Delete
NAME **SYED, MUHAMMAD A**
STREET ADDRESS **302 U.S. 27TH SOUTH**
CITY-ST-ZIP **LAKE WALES FL 32792 33853**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

MUHAMMAD A. SYED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.25.2000

Date

(941) 678-9063

Daytime Phone #