

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099176

1. Entity Name

AMIN ENTERPRISE, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90021 009 ***150.00

Principal Place of Business

2906 JEANETTE COVE
OVIEDO FL 32765

Mailing Address

2906 JEANETTE COVE
OVIEDO FL 32765-6934

1283 S. Hwy
17th 92
Longwood
FL-32750

Little India.
1283 S. Hwy 17th 92

2. Principal Place of Business

2906 Jeanette Cove

3. Mailing Address

1283 S. Hwy 17th 92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood Florida

City & State

Longwood Florida

4. FEI Number

59-3607715

☒ Applied For

☐ Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMIN, SANTOSH R
2906 JEANETTE COVE
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

Santosh Amin

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

2906, Jeanette Cove

City

Oviedo

FL

Zip Code

32765

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, 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	D	<input type="checkbox"/> Delete
NAME	AMIN, SANTOSHI R	
STREET ADDRESS	2906 JEANETTE COVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

S. Amin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April-1-2000 (407)-365-6223

Date

Daytime Phone #

CR2E034 (9/99)