

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90037 029 \*\*\*150.00

**DOCUMENT # S23661**

1. Entity Name

**THE 1832 BUILDING, INC.**

Principal Place of Business

**1825 JESS PARRISH CR  
TITUSVILLE FL 32796  
US**

Mailing Address

**1825 JESS PARRISH CT  
TITUSVILLE FL 32796-2104  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3048310**

Applied For

Not Applied

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

**BHALANI, KANTILAL  
1875 GARDEN ST  
TITUSVILLE FL 32796**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OSTOSKI, GARY</b>	
STREET ADDRESS	<b>2405 GARDEN STREET</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	

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

TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>SAYAM, VERMA</b>	
STREET ADDRESS	<b>801 GARDEN STREET</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	

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

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SALIB, SAMI K.</b>	
STREET ADDRESS	<b>1825 JESS PARRISH COURT</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	

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

TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, W. ALSTON III</b>	
STREET ADDRESS	<b>500 N WASHINGTON AVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KANTILAL H., BHALANI</b>	
STREET ADDRESS	<b>1095 N. WASHINGTON AVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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"/>
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/2000

321-267-6796