

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90095 019 \*\*\*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  
 US

2. Principal Place of Business

2705 Nottingham Court

3. Mailing Address

P.O. Box 6265

Suite, Apt. #, etc.

XXXXXXXXXXXX

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32796

Country

USA

Zip

32782

Country

USA

4. FEI Number

59-3048310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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	D	<input type="checkbox"/> Delete
NAME	OSTOSKI, GARY	
STREET ADDRESS	2405 GARDEN STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SAYAM, VERMA	
STREET ADDRESS	801 GARDEN STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALIB, SAMI K.	
STREET ADDRESS	1825 JESS PARRISH COURT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROWN, W. ALSTON III	
STREET ADDRESS	500 N WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANTILAL H., BHALANI	
STREET ADDRESS	1095 N. WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stanley A. Beberman	
STREET ADDRESS	1790 Poinciana Ave.	
CITY-ST-ZIP	Titusville, FL 32796	

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:** *W. Alston Brown III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W. ALSTON BROWN, III**

*01/30/01*

Date

*(321) 269-2267*

Daytime Phone #

CR2E034 (10/00)