

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089481

1. Entity Name

GUNSAH CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:25

Principal Place of Business

Mailing Address

~~4600 HOLLYWOOD BLVD
SUITE 350-N
HOLLYWOOD FL 33021~~

~~4600 HOLLYWOOD BLVD
SUITE 350-N
HOLLYWOOD FL 33021-6780~~

2. Principal Place of Business

1503 NW 207 ST.

3. Mailing Address

1503 NW 207 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33169

Country

U.S.A

Zip

33169

Country

U.S.A



DO NOT WRITE IN THIS SPACE

04-28-00 90031 008 \$550.00

4. FEI Number

65-0873221

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD
SUITE 350-N
HOLLYWOOD FL 33021

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, 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	GUNRAJ, RUBY	
STREET ADDRESS	1503 N.W. 207TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNRAJ, RONALD	
STREET ADDRESS	1503 N.W. 207TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIRA, SHARON	
STREET ADDRESS	1503 N.W. 207TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNN, SEAN	
STREET ADDRESS	1503 N.W. 207TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAHAI, JOSEPH	
STREET ADDRESS	1503 NW 207TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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:

Ruby Gunraj
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)