

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0269817 AV

03-29-2002 91413 020 ***150.00

DOCUMENT # P98000089481

1. Entity Name
GUNSAH CORP.

Principal Place of Business
1503 NW 207 ST
MIAMI FL 33169

Mailing Address
1503 NW 207 ST
MIAMI FL 33169



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0873221**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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 _____ (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, 2002 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	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		

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: *Ruby Gunraj* **RUBY GUNRAJ** 03/08/02 **(305) 654-2991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)