## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800002522  1. Entity Name SHAH HOLDINGS, LTD.				DIVISION OF CORPORATIONS	
Olbarii	IOLDINGO, ETD.				OO MAD
Principal Place of Business  1501 PRESIDENTIAL WAY. SUITE 12  WEST PALM BEACH FL 33401  Mailing Address  1501 PRESIDENTIAL WAY. WEST PALM BEACH FL 33					OO MAR -6 PM 6: 36
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		····	DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number APPLIED FOR 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				Name	7. Name and Address of New Registered Agent
SHAH, SURESH O 1501 PRESIDENTIAL WAY, SUITE 12			ر ـــ ۲۰		P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33401		• • • •			
				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 X Shah  Eignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PATABLE 10 DEP1. UP STATE SEE REVERSE SIDE FOR FEE INFORMATION					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION 13.				1	ADDRESS CHANGES ONLY
DOCUMENT # NAME	SHAH, SURESH O		STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1501 PRESIDENTIAL WAY, SUITE 12 WEST PALM BEACH FL 33401		CITY	-ST-ZIP	7000031781878 -03/21/0001094 <b>0</b> 03
DOCUMENT #			STRE	ET ADDRESS	****535.00 ****535.00
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP	
DOCUMENT <b>/</b> NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY - ST - ZIP			CITY	-ST-ZIP	
DOCUMENT #  NAME  STREET ADDRESS			STRE	ET ADDRESS	
CITY-ST-ZIP			CITY	-ST-ZIP	
NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			СПУ	- ST - ZIP	
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADORESS CITY-ST-ZIP			1	-ST-Z9P	100 OT(OV)) Flatt Control of the con
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					

61-471-9484