1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90139 042 ****61.25

FILED

DOCUMENT # N9300003069

1. Corporation Name

JAIN SOCIETY OF CENTRAL FLORIDA, INC.

Halling Address C/o Rajendea Mehra 13606 KIRBY SMITH NDC/o Rajendea Mehra ORLANDO FL 32832 US 1689 Grange Civ US Longwood, FL 32750-3324 Longwood, FL 32750-3324 3. Date Incorporated or Qualified						
13605 KIRBY (swith adclo Rajenacea the	13905 KIRBY SMITH-RD		- 34 4 6		
ORLANDO FL	32832	ORLANDO FL 32832 165	59 50	onge		
no 10.	84 Grange Liv	- 0 0) c	- 32750-3324	
1.	and or 327	10-3321. LONG	30000	i, FL	- 3413V·33L4	
1_0	Mywood, FL - 12	(<u> </u>		3. Date Incorporated or Qualifed	
Z. Principal Pi	2. Principal Place of Business				07/02/1993	
			w	-	4. FEI Number Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3197501 Not Applicable	
22 27					\$8.75 Additional	
City & State	Ð	City & State	1 6-6		5. Certificate of Status Desired Fee Required	
23	3 28 LOTIN WOOK 5 7					
Zip	Country	- 20			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
24	25	<u> </u>		>07	10. Name and Address of New Registered Agent	
	9. Name and Address of Current	Kegistered Agent	81	Name	To train and reactor of treat trage.	
PRABODH C. PATEL, P.A.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
815 ORIENTA AVE			83			
SUITE 6			83			
ALTAMONTE SPRINGS FL 32701			84	City	85 Zip Code	
					FL S Z P C C C C C C C C C	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of Section 17,0503, Florida Statutes.						
SIGNATURE	DRUSONICA	Kall BY	IUPE	NOR	A R.SHAH 1/20/99	
Signature Med or defined frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р	DELETE	1.1 TITLE	ł	BHUPENDRA R. SHAH	
NAME	SHAH, KAMLESH		1.2 NAME	I	8650, SAND BERRY BLVD	
STREET ADDRESS	13605 KIRBY SMITH RD		1.3 STREET	ADDRESS	8650, SAND BLEET	
CITY-ST-ZIP	ORLANDO FL 32832		1.4 CITY-S	r-zip	ORLANDO, FL. 32819	
TITLE	T '	DELETE	2.1 TITLE	"	Marchange ☐ Addition	
NAME	SANJAY, VORA		2.2 NAME		JITENDRA KOTADIA	
STREET ADDRESS	7699 BELVOIR D		2.3 STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		2.4 CITY-S	T-ZIP	ORLANDO, FL. 32819	
TITLE	S	DELETE	3.1 TITLE		S Addition Addition	
NAME	LUNAVAT, SUSHMA		3.2 NAME	1	M/S (MEHT)H, BEENOT	
STREET ADDRESS	5426 LK MARGERATE DR, #11	J	3.3 STREET	ADDRESS	MS MEHTA, BEENA 2530 RACCON RUN LAWE	
CITY-ST-ZIP	ORLANDO FL 32812		3 4. CITY- S	T-ZIP	ORLANDO. FL 32837	
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	SHAH, CHUNDRAKANT		4. 2 NAME	ļ		
STREET ADDRESS	660 CAYUGA CT.		4.3 STREET	T ADORESS	ļ	
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-S	T-ZIP		
TITLE	DT	DELETE	5.1 TITLE		DT Change Addition	
NAME	SHAH, DHARMISTA	, ,	5.2 NAME		ALC MEHTA KINDUL A.	
STREET ADDRESS	582 RIDGELINE RUN		5.3 STREET		1689 GRANGE CIT.	
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-S	T-ZIP	LONGWOD, FL. 32750	
TITLE	D	☐ DELETÉ	6.1 TITLE		Change Addition	
NAME	KISHORE, TOLIA		6.2 NAME	İ	ļ	
STREET ADDRESS	721 BEAR CREEK CIRCLE		6.3 STREE	ADDRESS		
STREET ADDRESS	WINTER SPRINGS FL 32708		6.4 CITY-S	T- <i>ZIP</i>		

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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

407-352-0225

Daytime Phone

;R2E037 (11/98)