

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90451 017 \*\*\*\*61.25

**DOCUMENT # N93000003069**

1. Entity Name

**JAIN SOCIETY OF CENTRAL FLORIDA, INC.**

LUUJGJJY



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O RAJENDRA MEHTA 1689 GRANGE CIRCLE LONGWOOD FL 32750-3324 US	Mailing Address C/O RAJENDRA MEHTA 1689 GRANGE CIRCLE LONGWOOD FL 32750-3324 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-3197501</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PRABODH C. PATEL, P.A.</b> <b>815 ORIENTA AVE</b> <b>SUITE 6</b> <b>ALTAMONTE SPRINGS FL 32701</b>	7. Name and Address of New Registered Agent
Name	Name
Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)
City	City <b>FL</b> 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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHAH, BHUPENDRA R</b> <b>8650 SANDBERRY BLVD</b> <b>ORLANDO FL-32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHAH, SHASHIKANT</b> <b>724 Silverwood dr</b> <b>Lake Mary, FL 32746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KAMANI, BAKUL</b> <b>7308 WEATHER-FIELD DR.</b> <b>ORLANDO FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHAH, ASHOK</b> <b>4758 Combahec Lane,</b> <b>Orlando, FL 32837</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHAH, HEENA</b> <b>958, NEW CASTLE CR</b> <b>LAKE MARY FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHAH, Smita Nita</b> <b>1141 Trotwood Blvd,</b> <b>Winter Springs, FL 32708</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DAWAWULA, STRYAKANT</b> <b>2974 HARBOUR LANDING WAY</b> <b>CASSELBERRY FL 32707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>M/S MEHTA, KUMUD R</b> <b>1689 GRANGE CIR</b> <b>LONGWOOD FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KISHORE, TOLIA</b> <b>721 BEAR CREEK CIRCLE</b> <b>WINTER SPRINGS FL 32708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>KOTAPPA JITENDRA</b> <b>P.O BOX 690246</b> <b>Orlando, FL 32869</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE **3-5-01** **407-323-3509**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)