

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90026 045 ****61.25

DOCUMENT # N93000003069

1. Entity Name

JAIN SOCIETY OF CENTRAL FLORIDA, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3197501

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

PRABODH C. PATEL, P.A.
815 ORIENTA AVE
SUITE 6
ALTAMONTE SPRINGS FL 32701

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SHAH, SHASHTKANT	
STREET ADDRESS	724 SILVERWOOD DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHAH, ASKOK	
STREET ADDRESS	4758 COMBAHEE LANE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAH, NITA	
STREET ADDRESS	1141 TROTWOOD BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DAWAWULA, STRYAKANT	
STREET ADDRESS	2974 HARBOUR LANDING WAY	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DT	<input type="checkbox"/> Delete
NAME	M/S MEHTA, KUMUD R	
STREET ADDRESS	1689 GRANGE CIR	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KOTADSA, JITENDRA	
STREET ADDRESS	P.O. BOX 690246	
CITY-ST-ZIP	ORLANDO FL 32869	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mehta, Mehul.	
STREET ADDRESS	7104 Olympia Court. Apt-107	
CITY-ST-ZIP	Longwood, FL 32729	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH meena.	
STREET ADDRESS	2621 Talova Dr.	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH SAILESH	
STREET ADDRESS	1141 Trotwood Blvd.	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 407-323-3509

Date

Daytime Phone #

CR2E037 (9/01)