

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90015 020 \*\*\*\*61.25

**DOCUMENT # N99000007091**

1. Entity Name  
**PUNJABI ASSOCIATION OF AMERICA, INC.**

Principal Place of Business: **306 PLANT AVE. TAMPA FL 33606**  
 Mailing Address: **306 PLANT AVE. TAMPA FL 33606**

2. Principal Place of Business: **306 S-PLANT AVE**  
 Suite, Apt. #, etc.: **SUITE-B**  
 City & State: **TAMPA**

3. Mailing Address: **306-S PLANT AVE**  
 Suite, Apt. #, etc.: **SUITE-B**  
 City & State: **TAMPA**

Zip: **33606** Country: **FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3611833** Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **RATTAN, PAWAN K M.D. 306 PLANT AVE. TAMPA FL 33606**

7. Name and Address of New Registered Agent: **306 South Plant Ave Suite B TAMPA FL 33606**

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: *Pawan K. Rattan* DATE: **9/1/00**

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**  
**After September 13, 2000 min. will be \$236.25**

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: <b>D</b>	<input type="checkbox"/> Delete <b>RATTAN, PAWAN K M.D.</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>306 B SOUTH PLANT AVE</b>
NAME: <b>RATTAN, PAWAN K M.D.</b>		NAME:	
STREET ADDRESS: <b>306 PLANT AVE.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>TAMPA FL 33606</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete <b>SHARMA, BAL K</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>SHARMA, BAL K</b>		NAME:	
STREET ADDRESS: <b>11136 NORTH 30TH ST.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>TAMPA FL 33612</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete <b>RATTI, J.S.</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>RATTI, J.S.</b>		NAME:	
STREET ADDRESS: <b>15421-7 PLANTATION OAKS DR.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>TAMPA FL 33647</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete <b>DHALIWAL, A.S.</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>DHALIWAL, A.S.</b>		NAME:	
STREET ADDRESS: <b>122 BARRINGTON DR.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>BRANDON FL 33511</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete <b>DHALLI, D.S.</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>DHALLI, D.S.</b>		NAME:	
STREET ADDRESS: <b>35250 LAKE EDWARD DR.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>ZEPHYRHILLS FL</b>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *Pawan K. Rattan* **REQUIRED** DATE: **9/1/00** DAYTIME PHONE #: **813-787-6676**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (5/00)