

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 20, 2001 08:00 AM
Secretary of State

DOCUMENT # N99000007091

1. Entity Name
PUNJABI ASSOCIATION OF AMERICA, INC.

Principal Place of Business 306 S PLANT AVE SUITE - B TAMPA FL 33606	Mailing Address 306 S PLANT AVE SUITE - B TAMPA FL 33606
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number
59-3611833

Applied For	Not Applicable
-------------	----------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RATTAN PAWAN K.M.D.
306 PLANT AVE.

TAMPA FL 33606 US

7. Name and Address of New Registered Agent

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 **PAWAN K RATTAN M.D.** DATE **09/20/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DHALLI D.S. 35250 LAKE EDWARD DR. ZEPHYRHILLS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DHALIWAL A.S. 122 BARRINGTON DR. BRANDON FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATTI J.S. 15421-7 PLANTATION OAKS DR. TAMPA FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARMA BAL K 11136 NORTH 30TH ST. TAMPA FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATTAN PAWAN K.M.D. 360 B SOUTH PLANT AVE TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(f), 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, M.D. **BOD** **09/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)