

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 21, 2002 8:00 am
Secretary of State

02-26-2002 90144 037 ****61.25

DOCUMENT # N99000007091

1. Entity Name
PUNJABI ASSOCIATION OF AMERICA, INC.

Principal Place of Business Mailing Address
308 PLANT AVE. **308 PLANT AVE.**
TAMPA FL 33608 **TAMPA FL 33608**

2. Principal Place of Business 3. Mailing Address
5408 BURNT HICKORY DR **5408 BURNT HICKORY DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **VALRICO FL** City & State **VALRICO FL**

Zip **33594** Country **USA** Zip **33594** Country **USA**



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
RATTAN, PAWAN K M.D.
308 PLANT AVE.
TAMPA FL 33608

7. Name and Address of New Registered Agent
 Name **AMRIT BRAR**
 Street Address (P.O. Box Number is Not Acceptable) **5408 BURNT HICKORY DR**
 City **VALRICO FL** Zip Code **33594**

9. 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 **AMRIT BRAR** **President** **2/8/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) 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 RATTAN, PAWAN K M.D. 308 PLANT AVE. TAMPA FL 33608 <i>President</i> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARMA, BAL K 11136 NORTH 30TH ST. TAMPA FL 33612 <i>Director</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATTI, J.S. 15421-7 PLANTATION OAKS DR. TAMPA FL 33647 <i>Director</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DHALIWAL, A.S. 122 BARRINGTON DR. BRANDON FL 33511 <i>Vice President</i> <i>Director</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DHALLI, D.S. 35250 LAKE EDWARD DR. ZEPHYRHILLS FL <i>Director</i> <input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Addition GUNWANT S. DHALIWAL M.D. 1032 TOSKI DR NE NEW PORT RICHEY FL 34655 <i>DIRECTOR, Secretary</i> <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)(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 817, 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: **AMARJIT S. DHALIWAL** **2/8/02** **813-681-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AMARJIT S. DHALIWAL

CR2E037 (9/99)