

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016504

1. Entity Name

OM SHRI GROWERS, INC.

Principal Place of Business

100 McDONALD ROAD
PLANT CITY FL 33567

Mailing Address

100 McDONALD ROAD
PLANT CITY FL 33567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

REIBER, SAM I

601 E TWIGGS STREET STE 200
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: DEUSWARUP - DAS

Street Address (P.O. Box Number is Not Acceptable)

103 McDONALD RD
PLANT CITY FL 33567

103 McDONALD RD
PLANT CITY FL 33567

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

DEUSWARUP DAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-2001

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DEUSWARUP, DAS
103 McDONALD RD.
PLANT CITY FL 33567

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

KEVIN PATEL - V.P.
51 CENTRAL AVE.
JERSEY CITY NJ 07306

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEUSWARUP DAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-9-2001-813-737-5236

API ROVEL
AND

05-01-2001 90016044****150.00
P00000016504

01 SEP 17 AM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50142



DO NOT WRITE IN THIS SPACE

4. FBI Number 59-3721813

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-9-2001-813-737-5236

CR2E04 (10/00)

Doc 202

OM SHRI GROWERS, INC.
103 McDonald Rd
Plant City, FL 33567

963533

03-058/031

Date 4-24-2001

Pay to the Order of DEPART MENT OF STATE \$ 150.00

Dollars

RECEIVED
TREASURY
DEPT OF STATE

SUNTRUST

SunTrust Bank, Tampa Bay
Western Woods Office
Plant City, FL 33567-SunTrust

For

DEPARTMENT OF STATE

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