

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031772

1. Entity Name  
NIMISHA, CORP.

Principal Place of Business  
2204 - MIRACLE MILE PLAZA  
VERO BEACH FL 32960

Mailing Address  
2204 - MIRACLE MILE PLAZA  
VERO BEACH FL 32960

2. Principal Place of Business

Suite, Apt. #, etc.

2379 SE FEDREL HWY.

City & State  
STUART. FL.

Zip  
34994

Country  
MARTIN

3. Mailing Address

Suite, Apt. #, etc.

2379 SE FEDREL HWY.

City & State  
STUART. FL.

Zip  
34994

Country  
MARTIN

6. Name and Address of Current Registered Agent

WALLACE, SCOTT G  
250 NORTH ORANGE AVENUE  
ELEVENTH FLOOR  
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LIMBACHIA, MUKESH  
40-MANOR FIELDS BEWBUSH CRAWLEY  
RH118GH UNITED KINGDOM ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES.  
MUKESH. LIMBACHIA  
2379 SE FEDREL HWY  
STUART. FL. 34994. USA. ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004717473-2  
-12/10/01--01108--018  
\*\*\*\*550.00 \*\*\*\*550.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*[Signature]*

Typed or printed name of signing officer or director

Date

04/11/01

Daytime Phone #

FILED

01 NOV -9 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)