

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90005 014 \*\*\*550.00

**DOCUMENT # V01085**

1. Entity Name

M.C. AND JYOTI SHAH, INC.

Principal Place of Business

9359 US HWY 19, NORTH  
 PINELLAS PARK FL 33782

Mailing Address

9359 US HWY 19, NORTH  
 PINELLAS PARK FL 33782

2. Principal Place of Business

Pinellas Park, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0311224**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SHAH, ASHWIN C  
 9359 US HWY 19 NO  
 PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name

Shailesh M. Choksi

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

9359 US Hwy 19 N.

City

Pinellas Park

FL

Zip Code

33782

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

Shailesh Choksi

5/2/01

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          | DV                     | <input type="checkbox"/> Delete            |
| NAME           | SHAH, M. C.            |                                            |
| STREET ADDRESS | 9359 US HWY. 19, NORTH |                                            |
| CITY-ST-ZIP    | PINELLAS PARK FL       |                                            |
| TITLE          | DP                     | <input type="checkbox"/> Delete            |
| NAME           | SHAH, JYOTI            |                                            |
| STREET ADDRESS | 9359 US HWY. 19, NORTH |                                            |
| CITY-ST-ZIP    | PINELLAS PARK FL       |                                            |
| TITLE          | DS                     | <input checked="" type="checkbox"/> Delete |
| NAME           | SHAH, ASHWIN C.        |                                            |
| STREET ADDRESS | 9359 US HWY. 19, NORTH |                                            |
| CITY-ST-ZIP    | PINELLAS PARK FL       |                                            |
| TITLE          | DT                     | <input type="checkbox"/> Delete            |
| NAME           | SHAH, CHAMPACK C.      |                                            |
| STREET ADDRESS | 9359 US HWY. 19, NORTH |                                            |
| CITY-ST-ZIP    | PINELLAS PARK FL       |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.C. Shah

Date

05/02/01

Daytime Phone #

727-577-3838

CR2E034 (10/00)