

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001739

1. Entity Name

AISHAN ENTERPRISES LIMITED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business  
10150 BELLE RIVE BLVD. #901  
JACKSONVILLE FL 32256

Mailing Address  
10150 BELLE RIVE BLVD. #901  
JACKSONVILLE FL 32256-9586



2. Principal Place of Business

8795 HAMPTON LANDING DRIVE E

3. Mailing Address

8795 HAMPTON LANDING DRIVE E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3604295

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SRIVASTAVA, RUPA  
10150 BELLE RIVE BLVD. #901  
JACKSONVILLE FL 32256

Name

SRIVASTAVA, RUPA

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

8795 HAMPTON LANDING DRIVE EAST

City

JACKSONVILLE

FL

Zip Code

32256

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. Capital Contributions

\$2500.00

as Shown on record

10. Amount of Capital Contributions

\$1000.00

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME SRIVASTAVA, RUPA  
STREET ADDRESS 10150 BELLE RIVE BLVD. #901  
CITY - ST - ZIP JACKSONVILLE FL 32256

STREET ADDRESS 8795 HAMPTON LANDING DRIVE E  
CITY - ST - ZIP JACKSONVILLE, FL - 32256

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
RUPA SRIVASTAVA

Date

03/10/2000 904-448-8885-E

Daytime Phone #