

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001739

1. Entity Name
AISHAN ENTERPRISES LIMITED

Principal Place of Business: **8795 HAMPTON LANDING DRIVE E. JACKSONVILLE FL 32256**

Mailing Address: **8795 HAMPTON LANDING DRIVE E. JACKSONVILLE FL 32256**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State


City & State

Zip Country Zip Country

FILED

01 APR -6 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3604295** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

SRIVASTAVA, RUPA
8795 HAMPTON LANDING DRIVE E.
JACKSONVILLE FL 32256

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$10,000**

10. Amount of Capital Contributions in FLORIDA to date: **3500.00**

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 #	SRIVASTAVA, RUPA 10150 BELLE RIVE BLVD. #901 JACKSONVILLE FL 32256	STREET ADDRESS	8795 HAMPTON LANDING DR. E
NAME		CITY-ST-ZIP	JACKSONVILLE; FL-32256
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: Rupa Srivastava (RUPA SRIVASTAVA) **4/3/01** **904-360-7311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)