

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90274 028 ***150.00

DOCUMENT # F00000004547

1. Entity Name
EJIVA, INC.

Principal Place of Business

Mailing Address

**1004 MCKEE ROAD
 OAKDALE PA 15071**

**1004 MCKEE ROAD
 OAKDALE PA 15071**

2. Principal Place of Business

3. Mailing Address

680 Anderson Dr.

680 Anderson Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Foster Plaza 10

Foster Plaza 10

City & State

City & State

Pittsburgh PA

Pittsburgh PA

Zip

Country

Zip

Country

15220

U.S.A.

15220

U.S.A.

6. Name and Address of Current Registered Agent

4. FEI Number **25-1844560**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CVP	<input type="checkbox"/> Delete
NAME	WADHWANI, SUNIL	
STREET ADDRESS	1004 MCKEE ROAD	
CITY-ST-ZIP	OAKDALE PA 15071	
TITLE	P	<input type="checkbox"/> Delete
NAME	TRIVEDI, ASOK K	
STREET ADDRESS	1004 MCKEE ROAD	
CITY-ST-ZIP	OAKDALE PA 15071	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SCALES, DON	
STREET ADDRESS	BENN CENTER WEST #3, #320	
CITY-ST-ZIP	PITTSBURGH PA 15276	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANEY, BRUCE	
STREET ADDRESS	1004 MCKEE ROAD	
CITY-ST-ZIP	OAKDALE PA 15071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHAIRMAN / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	680 Anderson Dr. Foster Plaza 10	
STREET ADDRESS	Pittsburgh PA 15220	
CITY-ST-ZIP	Pittsburgh PA 15220	
TITLE	RESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIVEDI, ASOK K	
STREET ADDRESS	680 Anderson Dr. Foster Plaza 10	
CITY-ST-ZIP	Pittsburgh PA 15220	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	680 Anderson Dr. Foster Plaza 10	
STREET ADDRESS	Pittsburgh PA 15220	
CITY-ST-ZIP	Pittsburgh PA 15220	
TITLE	CFO VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	680 Anderson Dr. Foster Plaza 10	
STREET ADDRESS	Pittsburgh PA 15220	
CITY-ST-ZIP	Pittsburgh PA 15220	
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

Date

Daytime Phone #

1/18/01 412-503-444

CR2E034 (10/00)