

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90161 030 \*\*\*150.00

<b>DOCUMENT #</b>	<b>F01000003248</b>
<b>1. Entity Name</b>	
<b>BHATIA HOLDINGS, INC.</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>7101 ATCO DRIVE</b>	<b>7101 ATCO DRIVE</b>
<b>FORT WORTH TX 76118</b>	<b>FORT WORTH TX 76118</b>

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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<b>4. FEI Number</b>	<b>75-2833833</b>	<b>Applied For</b>
		<b>Not Applicable</b>

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>BHATIA, RAMESH</b>
<b>2407 WILLIAMETTE DRIVE</b>
<b>PLANT CITY FL 33566</b>

<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b>	<input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b>	<b>10. Election Campaign Financing</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
(See criteria on back)		<b>After May 1, 2002 Fee will be \$550.00</b>	Trust Fund Contribution.		
		<b>Make Check Payable to Department of State</b>			

<b>11. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>PC</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>BHATIA, RAMESH</b>
<b>STREET ADDRESS</b>	<b>7101 ATCO DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>FORT WORTH TX 76118</b>
<b>TITLE</b>	<b>S</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>JOHNSON, SUE</b>
<b>STREET ADDRESS</b>	<b>7101 ATCO DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>FORT WORTH TX 76118</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 life empowered.**

**SIGNATURE:** RAMESH BHATIA **1-29-02** **817-595-2894**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)