

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90030 006 ***150.00

0155327

DOCUMENT # F23388

1. Entity Name

LOKMANYA, INC.

Principal Place of Business

Mailing Address

**1 NE 1 STREET
SUITE 404
MIAMI FL 33132
US**

**1 NE 1 STREET
SUITE 404
MIAMI FL 33132
US**

2. Principal Place of Business

3. Mailing Address

28 FLAGLER STREET

28 FLAGLER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 420

SUITE 420

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33130

US

33130

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2083353**

Applied For

Not Applicable

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

**BERGER, DAVID S., ESQ.
100 N. BISCAYNE BLVD., STE 1707
MIAMI FL 33132**

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 **V** ☐ Delete
NAME **DHANANI, NASRAIN**
STREET ADDRESS **2900 SW 116 AVE**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **DHANANI, SALIM**
STREET ADDRESS **2900 SW 116 AVE**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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: *Sau A. Suman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

305 371 7694

Daytime Phone #

CR2E034 (10/00)