

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50811

1. Entity Name
ARADHANA, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90026 030 ***150.00

Principal Place of Business
2330 PALM RIDGE ROAD
SANIBEL FL 33957

Mailing Address
2330 PALM RIDGE ROAD
SANIBEL FL 33957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2141759**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MANSUKHANI, INDRU
2330 PALM RIDGE RD.
SANIBEL FL

Name
Beena Mansukhani
Street Address (P.O. Box Number is Not Acceptable)
2330 Palm Ridge Road

City **Sanibel** **FL** Zip Code **33957**

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 *Beena Mansukhani*
Beena Mansukhani, President

(NOTE: Registered Agent signature required when reinstating)

Jan 30 01
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 **PD** ☒ Delete
NAME **MANSUKHANI, INDRU**
STREET ADDRESS **2330 PALM RIDGE RD.**
CITY-ST-ZIP **SANIBEL FL**

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

TITLE **VSD** ☐ Delete
NAME **MANSUKHANI, BEENA**
STREET ADDRESS **2330 PALM RIDGE RD.**
CITY-ST-ZIP **SANIBEL FL**

TITLE **PSD** ☒ 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
CITY-ST-ZIP

TITLE ☐ Delete
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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 *Beena Mansukhani* **BEENA MANSUKHANI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-01
Date

Daytime Phone #

CR2E034 (10/00)