

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90354 011 ***150.00

DOCUMENT # **K16757.**

1. Entity Name

KESHRO INC.

DO NOT WRITE IN THIS SPACE

90796

2. Principal Place of Business

NO BUSINESS.

3. Mailing Address

1800 N.E. 114TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

602

City & State

N. Miami, FL.

Zip

Country

Zip

Country

33181

USA

4. FEI Number

65-0057890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL WEISS & ASSOC.

Street Address (P.O. Box Number is Not Acceptable)

1400 BRICKELL AVENUE

300

City

Miami

FL

Zip Code

33131

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

MICHAEL WEISS, ESQ.

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

5/30/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**(PRES.)
HARISH. S. GIHWALA.
1800 N.E. 114TH ST. #602
N. Miami, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**(SEC.)
KALPANA. H. GIHWALA.
1800 N.E. 114TH ST. #602
N. Miami, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

(786) 439-3940

Daytime Phone #

CR20034B (12/01)