

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K35922

1. Entity Name

VANJARIA VENTURES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90250 015 ***150.00

Principal Place of Business

Mailing Address

2365 SR 16
SUITE 137
ST AUGUSTINE FL 32095
US

P.O. BOX 2200
ST AUGUSTINE FL 32085-2200
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2913413**

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

VANJARIA, ABDUL
1953 BREAKERS POINTE WAY
WEST PALM BEACH FL 33411

Name
HANIF VANJARIA

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

3355 CLAIRE LN, APT. 1414

City **JACKSONVILLE**

FL

Zip Code
32223

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.

HANIF VANJARIA

(NOTE: Registered Agent signature required when reinstating)

1/6/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
VANJARIA, ABDUL
1953 BREAKERS POINTE WAY
WEST PALM BEACH FL 33411

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VANJARIA, CAROLYN
1953 BREAKERS POINTE WAY
WEST PALM BEACH FL 33411

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VANJARIA, HANIF M
3355 CLAIRE LN, APT 1414
JACKSONVILLE FL 32223

☐ Delete

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

TITLE
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CITY-ST-ZIP
VD
VANJARIA, ABEED M
3355 CLAIRE LN, APT 1414
JACKSONVILLE FL 32223

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

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:

HANIF VANJARIA

1/6/00

(904) 824-3903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)