

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90085 020 ***150.00

DOCUMENT # K35922

1. Entity Name

VANJARIA VENTURES, INC.

Principal Place of Business

2365 SR 16
SUITE 137
ST AUGUSTINE FL 32095
US

Mailing Address

P.O. BOX 2200
ST AUGUSTINE FL 32085
US

2. Principal Place of Business

2365 SR 16

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Augustine, FL

City & State

4. FEI Number

59-2913413

Applied For

Not Applicable

Zip

32084

Country

USA

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, HANIF

3355 CLAIRE LN APT 1414

JACKSONVILLE FL 32223

NEW ADDRESS →

Name

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

404 BUCKEYE LANE EAST

City

JACKSONVILLE

FL

Zip Code

32259

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
8905 ONE PUTT PLACE
CITY-ST-ZIP
PORT ST. LUCIE, FL 34986

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
8905 ONE PUTT PLACE
CITY-ST-ZIP
PORT ST. LUCIE, FL 34986

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
404 BUCKEYE LANE EAST
CITY-ST-ZIP
JACKSONVILLE, FL 32259

TITLE ☐ Delete
NAME
VD
VANJARIA, ABEED M
STREET ADDRESS
3355 CLAIRE LN, APT 1414
CITY-ST-ZIP
JACKSONVILLE FL 32223
NEW ADDRESS →

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
11281 LAKE MANDARIN CIRCLE E
CITY-ST-ZIP
JACKSONVILLE, FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

HANIF VANJARIA

1/3/01

(904) 824-3903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)