

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90035 012 \*\*\*150.00

**DOCUMENT # K35922**

1. Entity Name

**VANJARIA VENTURES, INC.**

Principal Place of Business

**2365 SR 16  
SAINT AUGUSTINE FL 32084  
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2913413**

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

**VANJARIA, HANIF  
404 BUCKEYE LANE EAST  
JACKSONVILLE FL 32259**

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, 2002 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  
☐ Delete

**DPT  
VANJARIA, ABDUL  
8905 ONE PUTT PLACE  
PORT SAINT LUCIE FL 34986**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**S  
VANJARIA, CAROLYN  
8905 ONE PUTT PLACE  
PORT SAINT LUCIE FL 34986**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**VD  
VANJARIA, HANIF M  
404 BUCKEYE LANE EAST  
PORT SAINT LUCIE FL 34986**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**VD  
VANJARIA, ABEED M  
11281 LAKE MANDARIN CIRCLE E  
JACKSONVILLE FL 32223**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**COL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

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

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

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

TITLE  
NAME  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**HANIF VANJARIA 1/7/02 (904) 824-3903**

CR2E034 (9/01)