

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90172 046 ***150.00

DOCUMENT # L31594

1. Entity Name
JAYSHREE HOLDINGS, INC.

Principal Place of Business

**930 CARTER ROAD
 SUITE #236
 WINTER GARDEN FL 34787
 US**

Mailing Address

~~P.O. BOX 1185
 OCOEE FL 34761-1155
 US~~

2. Principal Place of Business

3. Mailing Address

P O Box 397

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **GROVELAND**

4. FEI Number **65-0202479**

Applied For
 Not Applicable

Zip

Country

Zip **34736**

Country **USA**

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

~~**BHAGANI, SUDHIR
 1028 SPRING LANDING DRIVE
 WINTER GARDEN FL 34787**~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
15501 CATHERINE CIRCLE
 City **GROVELAND FL** Zip Code **34736**

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

(NOTE: Registered Agent signature required when reinstating)

4-25-00

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	<input type="checkbox"/> Delete
PT	BHAGANI, SUDHIR	1028 SPRING LANDING DRIVE WINTER GARDEN FL 34787		<input type="checkbox"/>
VS	BHAGANI, JAYSHREE	1028 SPRING LANDING DRIVE WINTER GARDEN FL 34787		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		15501 CATHERINE CIRCLE	GROVELAND FL 34736	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		15501 CATHERINE CIRCLE	GROVELAND FL 34736	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

407 877 1100

Daytime Phone #



DO NOT WRITE IN THIS SPACE