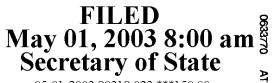
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67 1. Entity Name BALSARA ENTERPRISES, INC.	297	
Principal Place of Business	Mailing Address	

Mailing Address

1988 OSCEOLA PARKWAY PO BOX 149428



05-01-2003 90319 023 ***150.00

USSIMMEE FL 34/43			ORLAN	ORLANDO FL 32814-9428									
2. Principal P	Place of Busine	988	3. Mai	iling Address							818 11		
E. Thropartidos of Educates				2813 S. Hrawassee Rd.									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc. Suite # 104				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State Orlando FC			4.	4. FEI Number 59-3026291			}`	oplied For ot Applicable	
Zip		Country	32 Zip	835	ว [ั] ร	5.	5. Certificate of Status Desired \$8.75 Additional Representation \$8.75 Additional Representation \$1.75 Additional						
	6. Name	and Address of Current	Registere	ed Agent_		7. Name and Address of New Registered Agent							
						Name			,			ļ	
JITENDRA,						Street Address (P.O. Box Number is Not Acceptable)							
1988 OSC	eola Parki	NAY			1	The state of the s							
KISSIMME	E FL 32701												
						City				F	Zip Cod	e	
	e named entity tions of registe	submits this statement for ered agent.	or the purp	oose of changing its	registere	d office or regis	stered ag	jent, or b	oth, in the State of f	lorida. I a	m familiar with,	and accept	
CLONATURE													
SIGNATURE	Signature, typed o	r printed name of registered agent	and title if app	Dicable. (NOTE	: Registered	Agent signature requ	uired when re	einstating)		DATE			
F	ILE NOW!!!	FEE IS \$150.00						T					
		3 Fee will be \$550.00						1	Election Campaign F rust Fund Contribut	_		May Be	
Make Checl	k Payable to	Florida Department o	f State)				'	rust Fund Continuat	IOII.	□ Addec	I to rees	
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		OLA PARKWAY				T ADDRESS							
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12. 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 10 or Block 11 if

SIGNATURE: