

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004534

1. Entity Name
BHUKT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 2:01

Principal Place of Business
1201 34TH STREET NORTH
ST PETERSBURG FL 33713

Mailing Address
1201 34TH STREET NORTH
ST PETERSBURG FL 33713-5433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3588723

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BHAKTA, UPESH
246 94TH AVENUE NORTH
ST PETERSBURG FL 33702

Name BHAKTA, UPESH

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

1201 34th St. N.

City St. Petersburg FL Zip Code 33713

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)

DATE

2-29-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

Check # 1105
3/21/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME BHAKTA, UPESH
STREET ADDRESS 246 94TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Delete

TITLE MGRM
NAME BHAKTA, UPESH
STREET ADDRESS 1201 34th St N.
CITY-ST-ZIP St. Petersburg, FL 33713 ☒ Change ☐ Addition

TITLE MGRM
NAME BHAKTA, BALDEV
STREET ADDRESS 246 94TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Delete

TITLE MGRM
NAME BHAKTA, BALDEV
STREET ADDRESS 1201 34th St. N.
CITY-ST-ZIP St. Petersburg, FL 33713 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* UPESH B. BHAKTA 2-29-00 727 323-5003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

PRINT SIGN

CR2F083 (9/99)