

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 21952
 1. Entity Name
 CORP NAME- RAVINISH ENTERPRISES Inc

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 625 N. Atlantic Blvd. (A-1-A)
 FORT LAUDERDALE FL-33304

2. Principal Place of Business 3. Mailing Address
 BEACH PLAZA HOTEL 625 N. Atlantic Blvd
 Suite, Apt. # etc. (A-1-A) Suite, Apt. # etc. (A-1-A)

DO NOT WRITE IN THIS SPACE

City & State Zip Country
 FORT LAUDERDALE (FL) 33304 U.S.A

4. FEI Number Applied For
 59-259-27-72 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 (Mr. RAVINDRA MALLICK)
 PRESIDENT
 625 N. Atlantic Blvd.
 FORT LAUDERDALE FL-33304

7. Name and Address of New Registered Agent
 Name Mrs. NISHI MALLICK
 Street Address (P.O. Box Number is Not Acceptable) 625 N. Atlantic Blvd (A-1-A)
 FORT LAUDERDALE FL-33304
 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 Nishi Mallik Secretary 03/19/00
 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, 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Mr. Ravindra Mallik	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Mrs. NISHI MALLICK 625 N. Atlantic Blvd (A-1-A) FORT LAUDERDALE FL-33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Nishi Mallik Secretary 03/19/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)