

2060 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41435

1. Entity Name

GEETA BHAWAN, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90262 031 ****61.25

Principal Place of Business

Mailing Address

% JOHN J. CHAMBLEE, JR.
202 CARDY ST.
TAMPA FL 33606

% JOHN J. CHAMBLEE, JR.
202 CARDY ST.
TAMPA FL 33606-2303

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

59-3042443

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

CHAMBLEE, JOHN J., JR.
202 CARDY ST.
TAMPA FL 33606

Name PADGHAM DHIRAJ LAL T
Street Address (P.O. Box Number is Not Acceptable)
3905 HALLOAK CT.
VALRICO
City FL Zip Code 33594

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 Spodgham

Signature, typed or printed name of registered agent a

(NOTE: Registered Agent signature required when reinstating)

5-5-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKRANIA, MAGAN 320 OAKFIELD DR STE A BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADGHAM, DHIRAJ LAL 830 W KENNEDY BLVD. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MOHAN BHAI 45-30 E COLUMBUS DR. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANEJA, BHOLA H. 18306 STURBRIDGE TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARMA, USHA 1013 REDOAK CIRCLE BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKRANIA, MAGAN 320 OAKFIELD DR. STE A BRANDON FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADGHAM DHIRAJ LAL 3905 HALLOAK CT. VALRICO FL 33594-8458	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MOHAN BHAI 4530 E. COLUMBUS DR TAMPA FL 33605	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MRS. NIRMAL PUSHPA 122 S. MOON AVE. BRANDON FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MRS. SHARMA USHA 1013 REDOAK CR. BRANDON FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Spodgham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Mr. Dhirajlal Padgham
3905 Halloak Ct.
Valrico, FL 33594-8458

5/5/00 813 654 9232

Date

Daytime Phone #

CR2 3037 (9/99)