

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90150 014 *****66.25

DOCUMENT # N41435

1. Entity Name

GEETA BHAWAN, INC.

Principal Place of Business

% JOHN J. CHAMBLEE JR. **SAME AS**
 202 CARDY ST
 TAMPA FL 33606
BELOW

Mailing Address

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

2. Principal Place of Business

3905 HALLOAK CT.

Suite, Apt. #, etc.

3. Mailing Address

3905 HALLOAK CT.

Suite, Apt. #, etc.

City & State

VALRICO - FLORIDA

City & State

VARICO - FLORIDA

Zip

33594-8458

Country

Zip

33594-8458

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

CHAMBLEE, JOHN J. JR. MR. DHIRAJ LAL T.
 202 CARDY ST.
 TAMPA FL 33606

7. Name and Address of New Registered Agent

Name **DHIRAJ LAL T. PADGHAM**

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

3905 HALLOAK CT.

City **VALRICO**

FL Zip Code **33594-8458**

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

DHIRAJ LAL T. PADGHAM

Spadgham

9-11-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE **D** ☐ Delete
 NAME **BAKRANIA, MAGAN**
 STREET ADDRESS **320 OAKFIELD DR STE A**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ Delete
 NAME **PADGHAM, DHIRAJ LAL**
 STREET ADDRESS **3905 HALLOAK CT**
 CITY-ST-ZIP **VALRICO FL 33594-8458**

TITLE **D** ☐ Delete
 NAME **PATEL, MOHAN BHAI**
 STREET ADDRESS **4530 E COLUMBUS DR**
 CITY-ST-ZIP **TAMPA FL 33605**

TITLE **D** ☐ Delete
 NAME **PUSHPA, NIRMAL**
 STREET ADDRESS **122 S MOON AVE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ Delete
 NAME **SHARMA, USHA**
 STREET ADDRESS **1013 REDOAK CIRCLE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

S. Spadgham REQUIRED

9-11-01 813654 9232

CR2E037 (5/01)