

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90124 001 ****61.25

DOCUMENT # N41435

1. Entity Name

GEETA BHAWAN, INC.

Principal Place of Business

**3905 HALL OAK CT
 VALRICO AL 35594-8458**

Mailing Address

**3905 HALL OAK CT
 VALRICO AL 35594-8458**

B0134550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**PADGHAM, DHIRAJ LAL
 3905 HALL OAK CT
 VALRICO FL 33594-8458**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BAKRANIA, MAGAN**
 CITY-ST-ZIP **320 OAKFIELD DR STE A
 BRANDON FL 38511 33594**

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME **REKHA BAKRANIA REKHA**
 STREET ADDRESS **125 S. MOON AVE.**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **DHIRAJ LAL PADGHAM** 8/15/02 813654 9232

CR2E037 (4/02)