

2002 UNIFORM BUSINESS REPORT (UBR)

0033124

DOCUMENT # N93000004804

1. Entity Name

NAVJIVAN, INC.

Principal Place of Business

423 NORTHLAKE BLVD
STE D
PALM BEACH GARDENS FL 33410

Mailing Address

4243 NORTHLAKE BLVD
STE D
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
02 FEB 22 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0492438

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

BAROT, DILIP
4243 NORTHLAKE BLVD STE-D
PALM BCH GDNS FL 33410

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.

SIGNATURE

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

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 PD
NAME BAROT, DILIP
STREET ADDRESS 4243 D NORTHLAKE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33410

☐ Delete

TITLE SD
NAME BAROT, NAIMISHA
STREET ADDRESS 4243 D NORTHLAKE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33410

☐ Delete

TITLE D
NAME PANDYA, DINESH
STREET ADDRESS 8901 DANIA DR
CITY-ST-ZIP PALM BCH GDNS FL 33410

☐ Delete

TITLE T
NAME PATHAK, NIRANJAN
STREET ADDRESS 4243 NORTHLAKE BLVD STE D
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ Delete

TITLE D
NAME PARIKH, KANU
STREET ADDRESS 4243 NORTHLAKE BLVD STE D
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300005024023--0
-02/27/02--01059--013

*****70.00 *****70.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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.

Dilip Barot, President/Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 (561) 627-7988

CR2E037 (9/01)