## .2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am 8 DOCUMENT # N9600001640 Secretary of State JAIN SOCIETY INC OF TAMPA BAY 05-03-2001 90035 031 \*\*\*\*61.25 Principal Place of Business Mailing Address 4306 FAIRCOURT DR 4306 FAIRCOURT DR VALRICO FL 33594 756370 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Sûite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3344216 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEHTA, DHIRENDRA 4306 FAIRCOURT DR VALRICO FL 33594 City 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be $\Box$ FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition TITLE Delete TITLE Change DIPAK, SHAH NAME NAME 13927 SHADY SHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33613** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SHAH, ATUL NAME NAME 5015 CHATTAM LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 DT TITLE ☐ Delete TITLE ☐ Change ☐ Addition DHIRENDRA, MEHTA NAME STREET ADDRESS 4306 FAIRCOURT DR STREET ADDRESS CITY-ST-7IF VALRICO FL 33594 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHAH, CHETAN R --NAME STREET ADDRESS 904 CURLEW RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

MEHTA

Date

Daytime Phone #

FILED