

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/00-90068-030-\$61.25-\$61.25

DOCUMENT # N99000007125

1. Entity Name

DMVNE INTERNATIONAL FOUNDATION, INC.

FILED

00 MAY 25 PH 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3764 PRESIDENTIAL DR. PALM HARBOR FL 34685-1075	Mailing Address 3764 PRESIDENTIAL DR. PALM HARBOR FL 34685-1075
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number EIN-59-3633829	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent:

**O'CONNOR, PATRICK M ESQ.
2240 BELLEAIR, STE. 160
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent:

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BHARAT DESAI - PRESIDENT <input type="checkbox"/> Delete D 3764 Presidential Dr Palm Harbor, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEENA DESAI - Secretary <input type="checkbox"/> Delete D 3764 Presidential Dr 34685 Palm Harbor, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer DINESH PATEL - D <input type="checkbox"/> Delete D 11207 West Chestnut Lake Rd Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(f), 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.00 **727-847-2847**
Date Daytime Phone #

Handwritten signature

6/5/00

CR2E037 (9/99)