

01/02

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1 of 2

DOCUMENT # PO00000002129
1. Entity Name CHANDARIA CORPORATION

FILED

02 APR -5 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>GROCERY BOX</u>		3. Mailing Address <u>448 S. Young St</u>	
Suite, Apt. #, etc. <u>448 S. Young St</u>		Suite, Apt. #, etc.	
City & State <u>Ormond Beach</u>		City & State <u>Ormond Beach</u>	
Zip <u>32174</u>	Country <u>VOLUSIA</u>	Zip <u>32174</u>	Country <u>VOLUSIA</u>

2001-2002 UBR

4. FEI Number 59-3621959 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name CHANDRANANT D. Patel
Street Address (P.O. Box Number is Not Acceptable)
327 Pine St
City Ormond Beach FL Zip Code 32174

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] DATE 3-27-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Chandranant D. Patel</u> <u>327 Pine St</u> <u>Ormond Beach FL 32174</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>800005492648--2</u> <u>-05/08/02--01068--011</u> <u>****300.00 ****300.00</u>
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered

SIGNATURE: [Signature] DATE 3-27-02 (386)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 673-4797

CR2E034B (12/01)

Attachment
Document #

FEI# 59-3621959

From:

Chandrice CORP.

PO Grocery Box

448 S. Young St,

Ormond Beach FL 32174

282

Ref: To Renewal the Corporation for 2001/2002.

Ref: Number - P-00000002129 (Chandrice Corporation)

Dear Sir,

I would like to inform you that please

I did not receive the notices for renewal
for my Corporation. Chm, I received the form

on March 27th 2001 and I filling the form

with \$300.00 Amount. So please consider my

form and also please change my Address

As shown above.

Thanking you
yours faith fully

3/27/02