

# 2002 UNIFORM BUSINESS REPORT (UBR)

0042074 AV

DOCUMENT # P00000005384

1. Entity Name  
AMBICA CORPORATION

FILED

02 APR 12 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2759 CAPITAL CIR NE  
TALLAHASSEE FL 32308  
US

Mailing Address  
666-5 W. TENNESSEE ST.  
TALLAHASSEE FL 32304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3623032

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHAH, DEVENDRA  
1319 AIRPORT DR. #F-5  
TALLAHASSEE FL 32304

Name

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

000005418370--2

-05/01/02--01080--005

City

\*\*\*150.00L \*\*\*150.00

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME SHAH, DEVEN  
STREET ADDRESS 666-5 W. TENNESSEE ST  
CITY-ST-ZIP TALLAHASSEE FL 32304

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Devendra Shah*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/08/02

850-574-2021

CR2E034 (9/01)