

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008387

1. Entity Name

IHASHA COMMODITIES, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90163 023 ***150.00

Principal Place of Business

Mailing Address

401 APPIAN WAY. N.E.
ST. PETERSBURG FL 33704

401 APPIAN WAY. N.E.
ST. PETERSBURG FL 33704

2. Principal Place of Business

5427 SHORE BLVD. SOUTH

3. Mailing Address

5427 SHORE BLVD. SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GULFPORT, FLORIDA

City & State

GULFPORT, FLORIDA

4. FEI Number

59-3632597

Applied For

Not Applicable

Zip

33707

Country

PINELLAS

Zip

33707

Country

PINELLAS

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

BHATTACHARJEE, AUTRI
401 APPIAN WAY, N.E.
ST. PETERSBURG FL 33704

Name

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

5427 SHORE BLVD. SOUTH

City

GULFPORT

FL

Zip Code

33707

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

Abhattachary AUTRI BHATTACHARJEE PRESIDENT 04/16/2001

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, 2001 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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS AUTRI BHATTACHARJEE
CITY-ST-ZIP 5427 SHORE BLVD. SOUTH
GULFPORT, FLORIDA 33707

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Abhattachary* AUTRI BHATTACHARJEE 04/16/2001 7273230882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)