

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 30, 2005 08:00 AM  
Secretary of State

ATX

DOCUMENT #	P00000023018
1. Entity Name	
DHANALAKSHMI INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2751 N. MONROE ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TALLAHASSEE, FL			
Zip	Country	Zip	Country
32303	US		

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3626855	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
JOSHI, JAGDISH  
Street Address (P.O. Box Number is Not Acceptable)  
275 JOHN KNOX ROAD, U-106

City  
TALLAHASSEE  
FL  
Zip Code  
32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOSHI, JAYSHRI
STREET ADDRESS	275 JOHN KNOX ROAD, U-106
CITY-ST-ZIP	TALLAHASSEE, FL, 3203
TITLE	V P
NAME	JOSHI, JAGDISH
STREET ADDRESS	275 JOHN KNOX ROAD, U-106
CITY-ST-ZIP	TALLAHASSEE, FL, 3203
TITLE	
NAME	
STREET ADDRESS	
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11.

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CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05 850-385-297