

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91337 047 \*\*\*150.00

**DOCUMENT #** P00000025432  
**1. Entity Name**  
 VIDHI, INC.

**Principal Place of Business** 381 N. MARKET BLVD  
 WEBSTER FL 33597  
**Mailing Address** 381 N. MARKET BLVD  
 WEBSTER, FL 33597

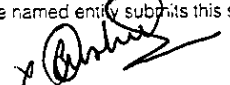
**2. Principal Place of Business** 3888 VILLA ROSE LANE  
 Suite, Apt. #, etc.  
**3. Mailing Address** 3888 VILLA ROSE LANE  
 Suite, Apt. #, etc.

**City & State** ORLANDO FL  
**Zip** 32808  
**Country**  
**City & State** ORLANDO FL  
**Zip** 32808  
**Country**

**4. FEI Number** 59,363,2413  
**Applied For**  
**Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 OJAS SHARMA  
 381 N. MARKET BLVD  
 WEBSTER FL 33597

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** FL **Zip Code**

**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**  **DATE** 04/26/01  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

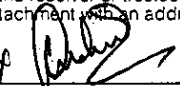
**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
DIR/D RAJESH SHUKLA 1134 VERSAILLES DR ORLANDO FL 32808	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
VP/SD OJAS SHARMA 1134 VERSAILLES DR ORLANDO FL 32808	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>

**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:**  **DATE** 04/26/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)