2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90141 023 ***150.00

DOCUMENT # P00000028890

1. Entity Name
BAPU MOHAN INC.

Principal Place of Business	Mailing Address
1601 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33305	1601 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0680587 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, KISHOR
1601 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

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

FL Zip Code

8. The above named entity submits this statement for the purp[...] State of Florida.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if appl[...] DATE

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

Ma[...]

[...]mpaign Financing Contribution. ☐ **$5.00** May Be Added to Fees

* please. Change the Phone # in Your record. The old Phone # was (954) 564-7752 change it to (954) 564-6548 ext-119

11. OFFICERS AND DIRECTOR[S] ... [CHANG]ES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD				☐ Change ☐ Addition
NAME	PATEL, KISHOR				
STREET ADDRESS	1601 NORTH FEDERAL HIGHWAY				
CITY-ST-ZIP	FT. LAUDERDALE FL 33305				
TITLE	SD				☐ Change ☐ Addition
NAME	PATEL, BHAVNA				
STREET ADDRESS	1601 NORTH FEDERAL HIGHWAY				
CITY-ST-ZIP	FT. LAUDERDALE FL 33305				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: BKPatel Bhavna Patel 2/1/01 (954) 564-~~7752~~ 6548 EXT 119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #