

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034569

1. Entity Name
CPA-INDIA.COM, INC.

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90069 011 ***550.00

Principal Place of Business
10225 ULMERTON RD., BLDG. 11-B
LARGO FL 33771-3538

Mailing Address
10225 ULMERTON RD., BLDG. 11-B
LARGO FL 33771-3538

2. Principal Place of Business
2700 E. BAY DR.

3. Mailing Address
2700 E. BAY DR.

Suite, Apt. #, etc.
107

Suite, Apt. #, etc.
107

City & State
LARGO, FL

City & State
LARGO, FL

Zip ~~33771~~ Country Pinellas
33771

Zip 33771 Country PINELLAS

4. FEI Number
59-3643743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAYNES, J. DAVID
10225 ULMERTON RD., BLDG. 11-B
LARGO FL 33771-3538

7. Name and Address of New Registered Agent

Name
RAMESH PAREKH

Street Address (P.O. Box Number is Not Acceptable)
2700 E. BAY DR. # 107

City LARGO FL Zip Code 33771

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 *Ramesh Parekh* RAMESH PAREKH 8/10/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAREKH, RAMESH 2508 JENNIFER TERRACE PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director GAUTHAM SAMPATH 8751 ULMERTON ROAD STE 102A, LARGO, FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ramesh Parekh* RAMESH PAREKH 8/10/01 727-531-0424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #