From : ACC&TAX PHONE No. : 407 332 711

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90498 033 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037311

1. Entity Name

TANAY SANGANI, INC

Principal Place of Business: 4134 Versailles Dr, Orlando, Fl-32808

Mailing Address: 4134 Versailles Dr, Orlando, Fl-32808

D00056964

2. Principal Place of Business: 4134 Versailles DR

Suite, Apt. #, etc.

City & State: Orlando, FL

Zip: 32808

Country

3. Mailing Address: 4134 Versailles Dr,

Suite, Apt. #, etc.

City & State: Orlando, FL

Zip: 32808

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3638342 ~~59-3638343~~ — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

Neerav Sangani
4134 Versailles Dr,
Orlando, FL - 32808

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 [signature] — 04/26/01

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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ojas Sharma 4134 Versailles, Dr, Orlando, FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.President Neerav Sangani 4134 Versaille Dr Orlando, Fl-32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] — 04/26/01

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