

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91469 045 ***150.00

DOCUMENT # **P000000046264**

1. Entity Name

MEHER JEWELERS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27001 U.S. HWY 19 N.

Suite, Apt. #, etc.

9206

City & State

CLEARWATER

Zip

FL

Country

USA

3. Mailing Address

27001 U.S HWY 19 N

Suite, Apt. #, etc.

9206

City & State

CLEARWATER FL

Zip

33761

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3641989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JALAUDDIN RESHAMWALA

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

27001 U.S HWY 19 N. #9206

City

CLEARWATER

FL

Zip Code

33761

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]
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

JALAUDDIN RESHAMWALA/PRESIDENT

4/21/03

January - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **JALAUDDIN RESHAMWALA**
STREET ADDRESS **27001 U.S HWY 19 N #9206**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VICE PRESIDENT**
NAME **SALEEMAH RESHAMWALA**
STREET ADDRESS **12510 ASHDOWN DR.**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

727 772 2330
Daytime Phone #

CR2E034B (12/02)