

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90070 009 \*\*\*158.75

DOCUMENT # P00000046357

1. Entity Name  
OM BABA CORP.

Principal Place of Business  
1306 20TH ST.  
VERO BEACH FL 32960

Mailing Address  
1465 7TH AVE.  
VERO BEACH FL 32960

2. Principal Place of Business

2379 S.E. FEDERAL HWY.  
Suite, Apt. #, etc.

3. Mailing Address

2379 S.E. FEDERAL HWY.  
Suite, Apt. #, etc.

City & State  
STUART, FLORIDA

Zip  
34994

Country  
U.S.A.

City & State  
STUART, FLORIDA

Zip  
34994

Country  
U.S.A.

4. FEI Number

65-1008307

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAYI, MUKESH  
1465 7TH AVE.  
VERO BEACH FL 32960

Name  
NAYI, MUKESH

Street Address (P.O. Box Number is Not Acceptable)  
2379 S.E. FEDERAL HWY.

City  
STUART FL Zip Code  
34994

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 Mukesh Nayi MUKESH NAYI (PRESIDENT/SECRETARY) 01/02/01  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAYI, MUKESH 1465 7TH AVE. VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMBACHIA, MUKESH 1465 7TH AVE. VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGAR, SENDHAVKUMAR 1465 7TH AVE. VERO BEACH FL 32960	<input checked="" 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	P/S NAYI, MUKESH 2379 S.E. FEDERAL HWY. STUART, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T LIMBACHIA, MUKESH 2379 S.E. FEDERAL HWY. STUART, FL 34994	<input checked="" 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
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: Mukesh Nayi (MUKESH NAYI) PRESIDENT 01/02/01 - 561-781-6664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)