

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000054392**

1. Entity Name

**YESHA ENTERPRISES, INC.****FILED****Feb 14, 2001 8:00 am  
Secretary of State**

02-14-2001 90009 031 \*\*\*158.75

Principal Place of Business

**2884 FOREST EDGE DR.  
DELTONA FL 32725**

Mailing Address

**2884 FOREST EDGE DR.  
DELTONA FL 32725**

2. Principal Place of Business

**929 HUNTER CREEK DR**

3. Mailing Address

**929 HUNTERS CREEK DR**

Suite, Apt. #, etc.

**AP # 206**

Suite, Apt. #, etc.

**AP # 206**City & State  
**DELAND FLORIDA**City & State  
**DELAND FLORIDA**Zip Country  
**32720-963 USA**Zip Country  
**32720-0963 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3651351**

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

**PANDIT, TINA  
929 HUNTERS CREEK DR., APT. 206  
DELAND FL 32724**

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/7/01**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	<b>PST PANDIT, TINA 929 HUNTERS CREEK DR., APT. 206 DELAND FL 32724</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SHUKLA, VINAY 2884 FOREST EDGE DR. DELTONA FL 32725</b>	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X Tina Pandit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CTINA****PANDIT****(PRESIDENT)****02/07/01**

Date

**904-985-1304**

Daytime Phone #

CR2E034 (10/00)