

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000711537**

1. Entity Name

SHAMINI RESTAURANT INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 22 PM 4:00

Principal Place of Business

Mailing Address

3440 CLARK ROAD

SARASOTA FL-34231

2. Principal Place of Business

3440 CLARK ROAD

Suite, Apt. #, etc.

3. Mailing Address

3440 CLARK ROAD

Suite, Apt. #, etc.

City & State

SARASOTA FL-34231

Zip

Country

34231

City & State

SARASOTA FL

Zip

Country

34231

4. FEI Number

59-3597459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POONAM GHAY

3440 CLARK ROAD

SARASOTA FL-34231

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

Poonam Ghay

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

(NOTE: Registered Agent signature required when reinstating)

10/22/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **POONAM GHAY**
STREET ADDRESS **3440 CLARK ROAD**
CITY-ST-ZIP **SARASOTA FL-34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **700005081337--0**
CITY-ST-ZIP **-03/11/02--01073--012**
******300.00 ****300.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Poonam Ghay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/01

Daytime Phone #

CR2E034 (5/01)

AD

R.G. RAJU
Certified Public Accountant

208

Attachments

#

October 27, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 1) Shamini Restaurant Inc
2) waiving of Penalties

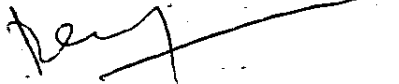
Dear Sir/Madam:

Enclosed you find:

1) 2001 Uniform Business Report along with a check for \$150.00

This is to inform you that my client did not receive the form for renewal of the corporation as they moved out of the previous address. So, I hereby request you to waive the penalty.

Sincerely,



R.G. Raju, C.P.A.