

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90046 023 ***150.00

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DOCUMENT # P00000071537

1. Entity Name
SHAMINI RESTAURANT INC



Principal Place of Business
3440 CLARK ROAD
SARASOTA FL 34231

Mailing Address
3440 CLARK ROAD
SARASOTA FL 34231

8910 N. Dale Mabry Hwy #137
Tampa FL-33614



2. Principal Place of Business

3. Mailing Address
8910 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#137

City & State

City & State
Tampa FL

Zip

Country

Zip

Country

33614

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

GHAY, POONAM
3440 CLARK ROAD
SARASOTA FL 34231

8910 N. Dale Mabry
Suite #137
Tampa FL-33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GHAY, POONAM
STREET ADDRESS 3440 CLARK ROAD
CITY-ST-ZIP SARASOTA FL 34231

☐ Delete

8910 N. DALE MABRY #137
Tampa FL-33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-03

941-922-2042

Date

Daytime Phone #

CR2E034 (4/03)