2001 UNIFORM BUSINESS REPORT (UBR)

| Marillo Address Salabor Salabo | DOCUMENT # P00000079843 1. Entity Name BHOJWANI'S OF BELIZE, INC. | | | | | FILED Apr 07, 2001 8:00 am Secretary of State 03-21-2001 90026 048 ***150.00 | | | |
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| Sulin, Apt. F. etc. Sulin, Ap | 1655 WASHINGTON AVE 1655 WASHINGTON AVE | | | ٠. | | 34935 | F8.010 J.0101 40JJJ 671 | TO 1914 H.Z.D.I | |
| City & Stato Country S. Comflicate of Status Desired See Regulated See Regulate | 2. Principal Place of Business 3. Mailing Address | | | | I I ORKINSON TAN BONIN ODRAN ODRAN ODRAN CERNO RANDI RANDA RANDA RANDA RANDA RANDA | | | | |
| Signature Sign | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| ### Size Address (P.O. Box Number is Not Acceptable) ### Size Address (P.O. Box Number is Not Acceptable) ### Size Address (P.O. Box Number is Not Acceptable) ### Size Address (P.O. Box Number is Not Acceptable) ### City | City & State City & State | | City & State | State | | 4. FEI Number Applied For Not Applicable | | | |
| BHOUWANI, NANDRIN H 1655 MASHINGTON AVE MAMB BEACH FL 33139 CRY FL Zip Code CRY FL CARREST CODES, or the State of Florida. SIGNATURE: CRY FL Zip Code CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. CRY FL CARREST CODES, or the State of Florida. CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE SIGNATURE SIGNATURE SIGNATURE CRY FL CARREST CODES, or the State of Florida. SIGNATURE SIGNAT | Zip | -Country | Zio | Country | 5. Ce | | | | |
| BHOWANI, NANDINI H 1855 MASHINGTON AVE MIAMI BEACH FL 33139 City FL Zip Code | | 6. Name and Address of Current F | Registered Agent | | 7. Na | rme and Address of New Registers | d Agent | | |
| 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 Floridae. SIGNATURE: SIGNATURE: SIGNATURE: 1. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Addition Fee seed on the seed of the s | 1655 | WASHINGTON AVE | | ss (P.O. Bo | x Number is Not Acceptable) | | | | |
| SIGNATURE Signature, front or private parts of implicated before and set is applicable. INCTE Registered Agent Righture retrieved when interesting. Delete Text falling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will b | | | | City | . | F | L Zip Code | 9 | |
| TITLE NAME SITERT ADDRESS CITY-ST-ZIP TITLE NAME SITERT ADDRESS CITY-S | 9. This corporate filling | Signature, typed or printed name of registered agent a oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!!! After MAY 1, 200 Make Check Payable | Registered Agent signature res I FEE IS \$150.00 I Fee will be \$550.0 e to Department of | uired when reini | 10. Election Campaign Financing Trust Fund Contribution. | \$5.0 Added | to Fees | |
| NAME SIREET ADDRESS CITY-ST-ZIP NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-S | | | | | ADD | ITIONS/CHANGES TO OFFICERS A | | | |
| NAME SIREET ADDRESS CITY-ST-ZIP NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-S | NAME STREET ADORESS | Nandini Bruswam 5601 Culling Av | 2. | NAME Street address | | | | E034 (10/0 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET | TITLE NAME STREET ADDRESS | IIII HAN I BENDU | | NAME STREET ADDRESS | | | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete TITLE 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: WAME 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 of the certify that the information are 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. | TITLE NAME STREET ADDRESS | | Delete | NAME STREET ADDRESS | | | ☐ Change | Addition | |
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| changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Cucclin Signature: | NAME STREET ADDRESS CITY-ST-ZIP | | · | NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| SQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayting Phone # | of the col changed | rporation or the receiver or trustee empo , or on an attachment with an address, w | wered to execute this report as with all other like empowered. | s required by Chapter | Section 11 he same le 607, Florida | a statutes; and that my name appear | S III BIOCK 11 OI | nformation or director Block 12 if | |