

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90237 033 \*\*\*150.00

0698166 FP

**DOCUMENT # P00000101030**

1. Entity Name  
**JAYARR IMPORT EXPORT INC**



Principal Place of Business  
**5455 BLUE HERON LN SADDLE BROOK  
WESLEY CHAPEL FL 33543**

Mailing Address  
**5455 BLUE HERON LN SADDLE BROOK  
WESLEY CHAPEL FL 33543**



2. Principal Place of Business  
**19205 7TH AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 7339**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA**

City & State  
**WESLEY CHAPEL**

4. FEI Number **59-3681249**

Applied For  
Not Applicable

Zip **FL 33605** Country **H/BORO**

Zip **FL 33544** Country **H/BORO 33544-0105**

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

**LALWANI, JIWAT**  
**5455 BLUE HERON LN SADDLE BROOK**  
**WESLEY CHAPEL FL 33543**

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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** ☐ Delete  
NAME **GUPTA, J B**  
STREET ADDRESS **198 ADEKENE ADEYUN 5,P.O. BOX 2270**  
CITY-ST-ZIP **VICTORIA ISLAND NY**

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

TITLE **D** ☐ Delete  
NAME **LALWANI, J S**  
STREET ADDRESS **5455 BLUE HERON LN**  
CITY-ST-ZIP **WESLEY CHALER FL 33543**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

**4/25/03**  
Date

**813-476-0343**  
Daytime Phone #

CR2E034 (10/02)