

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2003 8:00 am**  
**Secretary of State**

06-06-2003 90044 042 \*\*\*150.00

**DOCUMENT # P00000101938**

**1. Entity Name**  
**NATHANI ENGINEERING, INC.**



**Principal Place of Business**  
**717 S. BROAD ST.**  
**BROOKSVILLE FL 34601**

**Mailing Address**  
**717 S. BROAD ST.**  
**BROOKSVILLE FL 34601**



**2. Principal Place of Business**  
**BROOKSVILLE, FLORIDA**

**3. Mailing Address**  
**717 S. BROAD ST**

Suite, Apt. #, etc.  
**717 S. BROAD ST.**

Suite, Apt. #, etc.

City & State  
**BROOKSVILLE FL**

City & State  
**BROOKSVILLE FL**

Zip  
**34601**

Country  
**USA**

Zip  
**34601**

Country  
**USA**

**4. FEI Number 59-3683724**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**VARGAS, GUSTAVO**  
**132 E. COLONIAL DRIVE #211**  
**ORLANDO FL 32801-1236**

**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. 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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **NATHANI, AMIN**  
CITY-ST-ZIP **717 S. BROAD ST #22**  
**BROOKSVILLE FL 34601**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**AMIN NATHANI** 4/15/03 (852)-799-0447

Date

Daytime Phone #

CR2E034 (10/02)