

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90288 001 ***511.25

DOCUMENT # PO0000107913

1. Entity Name TREASURES OF INDIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3608 Davenport Court

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

4. FEI Number

59-3682035

Applied For

Not Applicable

Zip

32817

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Allia N Arora

Street Address (P.O. Box Number is Not Acceptable)

3608 Davenport Court

City

Orlando

FL

Zip Code

32817

**DO NOT WRITE
IN THIS SPACE**

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

Allia Arora

ALLIA N ARORA

4/8/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DP
NAME ALLIA N ARORA
STREET ADDRESS 3608 DAVENTRY COURT
CITY-ST-ZIP ORLANDO FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP
NAME HARSH ARORA
STREET ADDRESS 3608 DAVENTRY COURT
CITY-ST-ZIP ORLANDO FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME Bebe N Majeed
STREET ADDRESS 3608 DAVENTRY COURT
CITY-ST-ZIP Orlando FL 32817

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Allia Arora

ALLIA N ARORA

4/8/02

407 677 6180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)