

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90898 034 ***150.00

DOCUMENT # P00000107913

1. Entity Name
TREASURES OF INDIA, INC.



Principal Place of Business
**3608 DAVENTRY COURT
ORLANDO FL 32817**

Mailing Address
**3608 DAVENTRY COURT
ORLANDO FL 32817**



2. Principal Place of Business

2908 Cedena Cove

3. Mailing Address

2908 Cedena Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3682035

Applied For

Not Applicable

Zip

32817

Country

USA

Zip

32817

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARORA, ALLIA N
3608 DAVENTRY COURT
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name

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

2908 Cedena Cove

City

Orlando

FL

Zip Code

32817

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 **Arora**

Allia N Arora, Pres

2/27/03

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	DP	<input type="checkbox"/> Delete
NAME	ARORA, ALLIA N	
STREET ADDRESS	3608 DAVENTRY COURT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ARORA, HARSH	
STREET ADDRESS	3608 DAVENTRY CT.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MAJEED, BEBE N	
STREET ADDRESS	3608 DAVENTRY CT.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2908 Cedena Cove
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2908 Cedena Cove
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

MAJEED, BEBE N
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Majeed, Tr

2/27/03

407 4430502
Daytime Phone #

CR2E034 (10/02)