

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90001 046 \*\*\*150.00

**DOCUMENT # P01000005120**

1. Entity Name  
**MILIND SHASTRI MD PA**

Principal Place of Business  
**9404 PEBBLE BEACH CT WEST**  
**SEMINOLE FL 33777**

Mailing Address  
**9404 PEBBLE BEACH CT WEST**  
**SEMINOLE FL 33777**

2. Principal Place of Business  
**8655 RAYOU WAY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8655 RAYOU WAY**  
 Suite, Apt. #, etc.

City & State  
**PINELLAS PARK FL**  
 Zip  
**33782** Country

City & State  
**PINELLAS PARK FL**  
 Zip  
**33782** Country

4. FEI Number  
**59-3690117** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SHASTRI, MILIND**  
**9404 PEBBLE BEACH CT WEST**  
**SEMINOLE FL 33777**  
**8655 RAYOU WAY**  
**PINELLAS PARK**  
**FL - 33782**

## 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

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MILIND SHASTRI</b> <b>8655 RAYOU WAY</b> <b>PINELLAS PARK FL - 33782</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/13/02** **727-528-8997**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

677403

PO1000005/280


To: Uniform Business Report  
Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

From: Milind Shastri, M.D.  
5800-49<sup>th</sup> St N, Ste 108-S  
St Petersburg, Fl 33709  
PHONE: (727) 528-8997

This is to inform you that we did not receive the first or the second renewal notice secondary to address change. Please note the correct address.

Please waive the penalty and find the attached check for the UBR.

Thank you,



MILIND SHASTRI, M.D.