

950 S KANNER HWY #706
STUART, FL 34994

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STUART, FL 34994

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90071 044 ***150.00

0228

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1093073

Applied for
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEHTA, LALITRAY
950 S KANNER HWY #706
STUART, FL 34994

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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. 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEHTA, LALITRAY
STREET ADDRESS	950 S KANNER HWY #706
CITY-ST-ZIP	STUART, FL 34994
TITLE	VP
NAME	MEHTA, PRITI
STREET ADDRESS	950 S KANNER HWY #706
CITY-ST-ZIP	STUART, FL 34994
TITLE	T
NAME	MEHTA, SHAKUNTALA
STREET ADDRESS	950 S KANNER HWY #706
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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

Date

Daytime Phone #

CK # 1093 \$150/2

4/7/08

attached