

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

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90484 022 ***150.00

DOCUMENT #P01000018481

1. Entity Name **S.MANDANI INC.**

869329

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 EAST MEMORIAL BLVD

3. Mailing Address

4661 AYLESFORD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL 33801

City & State

PALM HARBOR, FL 34685

4. FEI Number

59-3698786

Applied For

Not Applicable

Zip

33801

Country

Zip

34685

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUMMABHAI A MOHAMMED

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

4661 AYLESFORD DR

City

PALM HARBOR

FL

Zip Code

34685

**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

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

(NOTE: Registered Agent signature required when reinstating)

06-06-02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MANDANI, SHAMS S
100 EAST MEMORIAL BLVD
LAKELAND, FL 33801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MOHAMMED, JUMMABHAI A
4661 AYLESFORD DR
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-06-02

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

8



869329

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 15, 2002

S.MANDANI INC.
100 EAST MEMORIAL BLVD
LAKELAND, FL 33801

SUBJECT: S.MANDANI INC.
Ref. Number: P01000018481

We have received your document for S.MANDANI INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 602A00030924