

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90211 046 ***150.00

DOCUMENT # **P01000050857**

1. Entity Name

IAI GAYATRI, INC.

Principal Place of Business

**850 105TH AVE
 NAPLES FL 34108**

Mailing Address

**850 105TH AVE
 NAPLES FL 34108**

2. Principal Place of Business

1616 CAPE CORAL PKWY

Suite, Apt. #, etc.

112

City & State

CAPE CORAL

Zip

33914

Country

3. Mailing Address

Suite, Apt. #, etc.

As Next

City & State

side

Zip

33914

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3725311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

VANMALI, JIMMY J

850 105TH AVE

NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

AJAY R. PATEL

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

1647 MANCHESTER CT

City

NAPLES

FL

Zip Code

34109

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 life if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-01

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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	D	<input checked="" type="checkbox"/> Delete
NAME	VANMALI, JIMMY J	
STREET ADDRESS	850 105TH AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VANMALI JIMMY J	<input type="checkbox"/> Delete
NAME	1616 CAPE CORAL PKWY	
STREET ADDRESS	CAPE CORAL, FL 33914	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VANMALI JIMMY J		
STREET ADDRESS	1616 CAPE CORAL PKWY # 112		
CITY-ST-ZIP	CAPE CORAL FL 33914		
TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AJAY R. PATEL		
STREET ADDRESS	1647 MANCHESTER CT		
CITY-ST-ZIP	NAPLES, FL 34109		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02

941-269-0126