

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91155 018 \*\*\*150.00

**DOCUMENT # P01000055883**

**1. Entity Name**  
**BISHOI CORPORATION**

**Principal Place of Business**

**5723 HEBRON LANE**  
**LAKELAND FL 33813**

**Mailing Address**

**5723 HEBRON LANE**  
**LAKELAND FL 33813**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-373 2242**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name **LINDA CAPP, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**CAPP & SACHS, P.A.**  
**6700 SOUTH FLORIDA AVENUE #25**  
 City **LAKELAND** FL Zip Code **33813**

**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 **LINDA CAPP, CPA**

*Linda Capp, CPA*

**4/29/02**

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 \$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**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BANERJEE, SATYAJIT</b>	
STREET ADDRESS	<b>5723 HEBRON LANE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> Delete
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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 like empowered.**

**SIGNATURE:** *Satyajit Banerjee* **SATYAJIT BANERJEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**Apr 29, 2002**

**863-647-4153**

CR2E034 (9/01)