

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90125 041 ***150.00

DOCUMENT # P01000060829

1. Entity Name

ROHAMOL INC.

Principal Place of Business

12809 WALLINGFORD DR.
 TAMPA FL 33624

Mailing Address

12809 WALLINGFORD DR.
 TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2425 S. DALE MABRY HWY.

Suite, Apt. #, etc.

2425 S. DALE MABRY HWY.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33629

Country

HILLSBORO

Zip

33629

Country

HILLSBORO

4. FEI Number

59-3724980

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PANDYA, KIRAN J
 12809 WALLINGFORD DR.
 TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

SAME AS BLOCK 6

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

2425 S. DALE MABRY HWY.

City

TAMPA

FL

Zip Code

33629

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)

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

TITLE **PRESIDENT** ☐ Delete
 NAME **KIRAN J. PANDYA**
 STREET ADDRESS **2425 S. Dale Mabry Hwy.**
 CITY-ST-ZIP **Tampa, FL 33629**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 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

KIRAN J. PANDYA

Date

Daytime Phone #

4/19/02 813-254-8573

CR2E034 (9/01)