

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071630

1. Entity Name

NISHA ENTERPRISES, INC.

Principal Place of Business

1402 WURST RD
OCOE FL 34761

Mailing Address

1402 WURST RD
OCOE FL 34761

2. Principal Place of Business

4678 MIDDLEBROOK RD

3. Mailing Address

4678 MIDDLEBROOK RD

Suite, Apt. #, etc.

APT H

Suite, Apt. #, etc.

APT H

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32811

Country

Zip

32811

Country

4. FEI Number

59-3738398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALIM S. MERCHANT
1402 WURST RD
OCOE FL 34761

7. Name and Address of New Registered Agent

Name

SALIM S. MERCHANT

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

4678 MIDDLEBROOK RD APT H

City

ORLANDO

FL

Zip Code

32811

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]

(Signature of or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

7/02/20/02

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, 2000 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: P/T
NAME: BHUPENDRA T. MEHTA
STREET ADDRESS: 1402 WURST RD
CITY-ST-ZIP: OCOE FL 34761
☒ Delete

TITLE: VP/IS
NAME: SALIM S. MERCHANT
STREET ADDRESS: 1402 WURST RD
CITY-ST-ZIP: OCOE FL 34761
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: P/T/IS
NAME: SALIM S. MERCHANT
STREET ADDRESS: 4678 MIDDLEBROOK RD * H
CITY-ST-ZIP: ORLANDO FL 32811
☒ Change ☐ Addition

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

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

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

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

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]*

7/02/20/02

321-278-513

CR2E034 (9/99)