

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0075150 AV

DOCUMENT # P01000083943

1. Entity Name
CHIRAG INTERNATIONAL, INC.



FILED

03 MAY 16 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
266 WILSHIRE BLVD. STE 127
CASSELBERRY FL 32707

Mailing Address
266 WILSHIRE BLVD. STE 127
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 71-0898359

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMIN, DIPAK S
266 WILSHIRE BLVD, STE 127
CASSELBERRY FL 32707

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME AMIN, DIPAK S
STREET ADDRESS 266 WILSHIRE BLVD, STE 127
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition
NAME 000019100580
STREET ADDRESS 05/16/03--01013--010
CITY-ST-ZIP **550.00

TITLE DST ☐ Delete
NAME AMIN, NISHA D
STREET ADDRESS 266 WILSHIRE BLVD, STE 127
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE D ☐ Delete
NAME AMIN, SUMANTBHAI R
STREET ADDRESS 266 WILSHIRE BLVD, STE 127
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE D ☐ Delete
NAME AMIN, PRAGNESH S
STREET ADDRESS 266 WILSHIRE BLVD, STE 127
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE D ☐ Delete
NAME AMIN, VIPUL S
STREET ADDRESS 266 WILSHIRE BLVD, STE 127
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE D ☐ Delete
NAME AMIN, CHIRAG S
STREET ADDRESS 266 WILSHIRE BLVD, STE 127
CITY-ST-ZIP CASSELBERRY FL 32707

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

12. 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 10 or Block 11 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

17/02/03

407-263-3000

Date

Daytime Phone #

CR2E034 (10/02)