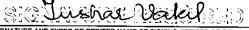
2002 UNIFORM BUSINESS REPORT (URB)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED			
DOCUMENT # P01000113678 1. Entity Name ANIKET, INC.							Apr 24 Secre 04-24-20	, 2002 tary (02 90280 0		
Principal Place of Business 8108 US HWY. #1 WABASSO FL 32970			Mailing Address PO BOX 278 WABASSO FL 32970					114 114	1/ 100 //// 1 0///	?818 7
2. Principal Place of Business			3. Mailing Address						\$1 568 \$11 8 8 11\$1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. 1	65-11-	55-99	9 Ap	oplied For ot Applicable
Zip	Country		Zip Cou		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				ditional
	6. Name and Add	iress of Current Re	gistered Agent		Name	7. N	lame and Address of New	w Registered	Agent	
SINGH, HERMAN 500 E. SEMORAN BLVD., STE. 2-J CASSELBERRY FL 32707						Name Street Address (P.O. Box Number is Not Acceptable)				
					City FL Zip Code					e
8. The above named entity submits this statement for the purpose of changing its reg SIGNATURE I Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 I Make Check Payable to					d Agent signature. IS \$150. Will be \$5	ure required when re		DATE Financing		O May Be to Fees
11.		OFFICERS AND DIF	RECTORS	12.		AD	DITIONS/CHANGES TO C	FFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAKIL, TUSHAR 8108 US HWY. # WABASSO FL 329		☐ Delete	STRE	E Eet address -st-zip				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VAKIL, DIPITI 8108 US HWY. # WABASSO FL 329	970	□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAIN, SARITA 8108 US HWY. # WABASSO FL 329	1	□ Delete)	_		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete						☐ Change	Addition
TITLE Name Street address City-St-Zip			☐ Delete					•	☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete						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:



4/12/02 7723885495