

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90076 016 ***150.00

DOCUMENT # P01423

1. Entity Name

DANDY ENTERPRISES, LTD., INCORPORATED

Principal Place of Business

**4252 CLEVELAND AVE
 FORT MYERS FL 33901**

Mailing Address

**4252 CLEVELAND AVE
 FORT MYERS FL 33901-9006**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3196180

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

7. Name and Address of New Registered Agent

**UTTAMCHANDANI, VIJAY P.
 4252 CLEVELAND AVE
 FORT MYERS FL 33901**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

[Signature]
 DATE: 05/02/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **P** Delete
KUNDAN, H.S.
 STREET ADDRESS **52 LEBANON STREET**
 CITY-ST-ZIP **IBADAN, NIGERIA**

TITLE NAME **PLEASE DELETE** Change Addition
 STREET ADDRESS **H.C. KUNDAN**
 CITY-ST-ZIP

TITLE NAME **V** Delete
UTTAMCHANDANI, VIJAY P.
 STREET ADDRESS **4252 CLEVELAND AVE**
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **TT** Delete
SINGHANI, MUKESH
 STREET ADDRESS **41-40 UNION STREET**
 CITY-ST-ZIP **FLUSHING NY**

TITLE NAME **PLEASE DELETE** Change Addition
 STREET ADDRESS **SINGHANI MUKESH.**
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

04/20/00 (941) 278-0009
 Date Daytime Phone #

CR2E034 (9/99)