## 2003 FOR PROFIT CORFORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State

3/20

DOCUMENT # P02000012437  1. Entity Name NAKUL INC				03-20-2003 90122 011 ***150.00
Principal Place of Business Mailing Address 4801 CLEWIS AVENUE 4801 CLEWIS AVENUE TAMPA FL 33610 TAMPA FL 33610			-	
Principal Place of Business     3. Mailing Address				- I LO DICEOT HIL COTEO JIBHI PANIN BALIN BARIN BARIN BARIN BARIN HIND SATUL BINDA HININ 1901 TEDI
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>	CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 03-038-348-5   Applied For   Not Applicable
Zip	Country	Zip	Country	Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
	<del>معمد می بدید کار کی بیان کار در در</del>	<u> </u>	Name	•
DESAI, NAYANA 4801 CLEWIS AVENUE			Street Address	(P.O. Box Number is Not Acceptable)
TAMPA FL 33610				
			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)  OATE				
FILE NOW!!! FEE IS \$150.00 CLEON TH 2-139 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  3-16-03				Election Campaign Financing \$5.00 May Be     Trust Fund Contribution.
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P DESAI, NAYANA 4801 CLEWIS AVENUE TAMPA FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition DC Addition Change Addition Addition Change Chang
TITLE NAME STREET ADDRESS GITY-ST-ZIP	V Desai, Nikhil 4801 Clewis Avenue Tampa Fl 33610	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition B
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lifetampowered.				