

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90107 007 ***150.00

DOCUMENT # P02000019532

1. Entity Name
SHAH & MEHTA, INC.



Principal Place of Business
**1045 THISTLE CREEK CT.
WESTON FL 33327**

Mailing Address
**1045 THISTLE CREEK CT.
WESTON FL 33327**



2. Principal Place of Business

8983 OKEECHOBEE BLVD 8983 Okeechobee Blvd.

Suite, Apt. #, etc.
212

3. Mailing Address

Suite, Apt. #, etc.
212

☒ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH FL

City & State
West Palm Beach FL

4. FEI Number
27-0023844

Applied For
☐ Not Applicable

Zip
33411

Country
U.S.A.

Zip
33411

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**MANIAR, RAJU
6635 W. COMMERCIAL BLVD., #215
TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name **MANIAR RAJU**
Street Address (P.O. Box Number is Not Acceptable)
7737 N. University Dr. # 202
City **Tamarac** FL Zip Code **33321**

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 **SHAH**

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

(NOTE: Registered Agent signature required when reinstating)

1-21-03

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 ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHAH, SUNIL
1045 THISTLE CREEK CT.
WESTON FL 33327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MEHTA, GAUTAM
3761 NW 120 AVE.
PLANTATION FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED SHAH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

561-204-2282

Daytime Phone #

CR2E034 (10/02)