

FILED  
Feb 24, 2003 8:00 am  
Secretary of State

02-07-2003 90104 031 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000020449

1. Entity Name  
GAURANG CORPORATION



Principal Place of Business  
13508 HICKS ROAD  
HUDSON FL 34669-3901

Mailing Address  
13508 HICKS ROAD  
HUDSON FL 34669-3901

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

01-0600260

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AMIN, MUKESH  
10243 COUNTY LINE RD  
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name  
AMIN, MUKESH  
Street Address (P.O. Box Number is Not Acceptable)  
13508 HICKS ROAD  
City HUDSON FL 34669

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/04/03

**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

TITLE PS  
NAME AMIN, MUKESH  
STREET ADDRESS 10243 COUNTY LINE RD  
CITY-ST-ZIP SPRING HILL FL 34608 ☐ Delete

TITLE VT  
NAME PATEL, DIXITA  
STREET ADDRESS 10243 COUNTY LINE RD  
CITY-ST-ZIP SPRING HILL FL 34608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME AMIN, MUKESH  
STREET ADDRESS 13508 HICKS ROAD  
CITY-ST-ZIP HUDSON, FL 34669 ☒ Change ☐ Addition

TITLE VT  
NAME PATEL, DIXITA  
STREET ADDRESS 13508 HICKS ROAD  
CITY-ST-ZIP HUDSON, FL 34669 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/03

Date

727-856-8271

Daytime Phone #

CR2E034 (10/02)