

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90050 010 ***150.00

0191579 FP

DOCUMENT # P02000042157

1. Entity Name
KALPTARU, INC.



Principal Place of Business
**7340 S. HIGHWAY 17-92
FERN PARK FL 32730**

Mailing Address
**7340 S. HIGHWAY 17-92
FERN PARK FL 32730**

2. Principal Place of Business

3. Mailing Address

4500 S. SEMORAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO FL

Zip

Country

Zip

32822

Country

4. FEI Number

71-0877998

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

7. Name and Address of New Registered Agent

**PATEL, MAHESH
7340 S. HIGHWAY 17-92
FERN PARK FL 32730**

Name **PATEL DHARMESH**
Street Address (P.O. Box Number is Not Acceptable)

4500 S. SEMORAN BLVD

City **ORLANDO FL** Zip Code **32822**

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **PATEL, DHARMESH**
CITY-ST-ZIP **7340 S. HIGHWAY 17-92
FERN PARK FL 32730**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **PATEL, NIRALI D**
CITY-ST-ZIP **7340 S. HIGHWAY 17-92
FERN PARK FL 32730**

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **PATEL, MAHESH**
CITY-ST-ZIP **7340 S. HIGHWAY 17-92
FERN PARK FL 32730**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Y**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PATEL**

Date

Daytime Phone #

CR2E034 (4/03)