

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90056 050 ***150.00

DOCUMENT # P02000059926

1. Entity Name
BHAMANI ENTERPRISES, INC.



Principal Place of Business
18261 N US HWY 301
CITRA, FL 32113

Mailing Address
18261 N US HWY 301
CITRA, FL 32113

2. Principal Place of Business

2. Mailing Address

PO Box-40

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CITRA, FL

Zip

Country

Zip

32113

Country

MARION



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
FIN-161615146

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BHAMANI, NIZARALI
18261 N US HWY 301
CITRA, FL 32113

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when releasing.)

PLEASE NOTE: IF YOU ARE CHANGING YOUR REGISTERED AGENT, YOU MUST SIGN THIS STATEMENT AND PROVIDE YOUR SIGNATURE TO THE SECRETARY 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	PRESIDENT	☐ Delete
NAME	Nizarali Bhamani	
STREET ADDRESS	2300 NE 182 place	
CITY-ST-ZIP	CITRA, FL-32113	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 time empowered.

SIGNATURE: **Nizarali Bhamani**

04/30/03 352-595-3415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR20034 (10/02)