

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-03-2003 90182 033 ***150.00

DOCUMENT # P02000065492

1. Entity Name

DIVYA INTERNATIONAL, INC.



Principal Place of Business

680 MAIN ST

SAFETY HARBOR FL 34695

Mailing Address

680 MAIN ST

SAFETY HARBOR FL 34695

2. Principal Place of Business

3. Mailing Address



03-0462527
☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-462527

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPEIGEL & UTRERA, P.A.

1840 SW 22 ST 4TH FL

MIAMI FL 33145

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
KACHHI, NIZARALI P
680 MAIN ST
SAFETY HARBOR FL 34695**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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KACHHI, FIROZ A
680 MAIN ST
SAFETY HARBOR FL 34695**

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/03

Date

727-726-4114

Daytime Phone #

CR2E034 (10/02)

An address change here changes your address on the FTD coupons only.

OMB No. 1545-0257

03-0462527 081912 3 2

19

Send FTD Address Change and correspondence to the IRS address above.

**New
Address**

City -

State

Zip -

Telephone Number () _____

Form 8109-C (Rev. 12-2000)

Do not write beyond this line

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