

UNIFORM BUSINESS REPORT (UBR) 3/24/03 90221 014 X150.00 DOCUMENT # P02000117672

Entity Name
INE LIVES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV -7 AM 8:00

Principal Place of Business
1325 SINGLETON AVENUE
TITUSVILLE FL 32796

Mailing Address
1325 SINGLETON AVENUE
TITUSVILLE FL 32796



Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FBI Number
42-1559066

5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KLEIN, STEVEN C 7522 WILES RD. SUITE 210 CORAL SPRINGS FL 33067		Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	

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, and accepts the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) 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

0. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GADHIA, HARISH 1325 N. SINGLETON AVE. TITUSVILLE FL 32796 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GADHIA, MRUDULA 1325 N. SINGLETON AVE. TITUSVILLE FL 32796 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

2. 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: Harish T. Gadhia (HARISH GADHIA) 3-21-03 321-268-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E034 (10/02)

From: Nine Lives, Inc
1325 N. Singleton Ave.
TITUSVILLE, FL 32796
NOV 3, 2003.

To:

Florida Dept. of Revenue
Div. of Corp.
P.O. Box: 6327
Tallahassee, FL 32314

Sub: Ry. P0200011762, your letter dt. 10/17/03

We refer to the 2003 UBR and our
files does not indicate any Correction
letter dated 3/26/02 received from you.

We now enclose herewith the Corrected
UBR showing the Fed. Tax ID# 42-1559066
(Block no. 4).

We now request you to please Cancel the Adm.
revocation/dissolution.

Thank you.

Yours Truly,

Harish Gadhia

(HARISH GADHIA)