

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-06-2003 90115 036 ***150.00

DOCUMENT # P02000119916

1. Entity Name
SHREEJI PADAM, INC.



Principal Place of Business
**2250 COUPLES DR.
LAKELAND FL 33813**

Mailing Address
**2250 COUPLES DR.
LAKELAND FL 33813**



2. Principal Place of Business

2607 SOUTH FLORIDA AVE

3. Mailing Address

2607 SOUTH FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

LAKELAND, FL. 33813

City & State

LAKELAND, FL.

4. FEI Number

35-2186781

Applied For

Not Applicable

Zip

33813

Country

Zip

33813

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEITH, WILLIAM C

1517 COMMERCIAL PARK DR.

LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name **PARESH AMIN**

Street Address (P.O. Box Number is Not Acceptable)

4607 SOUTH FLORIDA AVE

City **LAKELAND.**

FL

Zip Code **33813**

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	P	<input type="checkbox"/> Delete
NAME	AMIN, PARESH	
STREET ADDRESS	2250 COUPLES DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	AMIN DAXA	
STREET ADDRESS	2250 COUPLES DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMIN DAXA	
STREET ADDRESS	2250 COUPLES DR	
CITY-ST-ZIP	LAKELAND, FL. 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-03

863-646-0214

Date

Daytime Phone #

CR2E034 (10/02)