

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90139 048 ***150.00

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DOCUMENT # P02000120872

1. Entity Name
MOHINI, INC.



Principal Place of Business
**2420 TAFT ST #A
HOLLYWOOD FL 33020**

Mailing Address
**2420 TAFT ST #A
HOLLYWOOD FL 33020**



2. Principal Place of Business

3. Mailing Address

2420 Taft St

2420 Taft St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

A

City & State

City & State

Hollywood FL

Hollywood FL

Zip

Zip

Country

Country

33020 FL

USA

33020

USA

4. FEI Number

06-1658580

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

**GERMANN, RITA
2420 TAFT ST #A
HOLLYWOOD FL 33020**

(name change due to marriage)

Name **Rita M. Singh**

Street Address (P.O. Box Number is Not Acceptable) **2420 TAFT ST #A**

City **Hollywood**

FL

Zip Code **33020**

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 **Rita M. Singh**

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

(NOTE: Registered Agent signature required when reinstating)

4/3/03

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** ☐ Delete
NAME **GERMANN, RITA**
STREET ADDRESS **2420 TAFT ST #A**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **Singh, Rita** ☒ Change ☐ Addition
NAME **Singh, Rita**
STREET ADDRESS **2420 TAFT ST #A**
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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 like empowered.

SIGNATURE

RITA M. SINGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)