

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91155 021 ***150.00

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DOCUMENT # P02000124790

1. Entity Name
PANDHARE GROUP, INC.



Principal Place of Business
**6332 HARBOR BEND
MARGATE FL 33063
US**

Mailing Address
**6332 HARBOR BEND
MARGATE FL 33063
US**

2. Principal Place of Business

7240 KIMBERLY BLVD
Suite, Apt. #, etc.

3. Mailing Address

4746 NW 72nd Place
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
NORTH LAUDERDALE, FL

City & State
Coconut Creek, FL

4. FEI Number
06-1662062

Applied For
☐ Not Applicable

Zip
33068

Country
USA

Zip
33073

Country
USA

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

6. Name and Address of Current Registered Agent

**PANDHARE, SANDEEP
6332 HARBOR BEND
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name
PANDHARE, SANDEEP
Street Address (P.O. Box Number is Not Acceptable)
4746 NW 72nd Place
City
Coconut Creek FL Zip Code
33073

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 *S. Pandhare* (**SANDEEP PANDHARE**) **04/29/03**
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

TITLE President	<input type="checkbox"/> Delete
NAME Sandeep Pandhare	
STREET ADDRESS 4746 NW 72nd Place	
CITY-ST-ZIP Coconut Creek, FL-33073	
TITLE Secretary	<input type="checkbox"/> Delete
NAME Sandeep Pandhare	
STREET ADDRESS (same as above)	
CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> Delete
NAME Sandeep Pandhare	
STREET ADDRESS (same as above)	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *S. Pandhare* **04/29/03** **954-336-7269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)