2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2004 8:00 am
Secretary of State
06-23-2004 90071 001 ***150.00
06-23-2004 90071 002 *****8.75

DOCUMENT # P03000016798

1. Entity Name

CHAUDHARI GROUP INC

DO NOT WRITE IN THIS SPACE

66428927

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
US HWY 19/SR 149	US HWY 19/SR 149
Suite, Apt. #, etc. PO BOX 1054	Suite, Apt. #, etc. PO BOX 1054
City & State MONTICELLO, FL	City & State MONTICELLO, FL
Zip 32344 Country	Zip 32344 Country

4. FEI Number 43-1998198 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHAUDHARI, VIRAM D

Street Address (P.O. Box Number is Not Acceptable): PO BOX 1054(US 19/SR 149)

City: MONTICELLO, FL Zip Code: 32344

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: Viram Chaudhari 5-18-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P
NAME	CHAUDHARI, VIRAM D
STREET ADDRESS	PO BOX 1054(US 19/SR 149)
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Viram Chaudhari 5-18-04 850-997-0285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #