

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005430

1. Entity Name

JAI KRISHNA, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90045 013 ***150.00

Principal Place of Business

Mailing Address

2500 HOLLYWOOD BLVD.
SUITE 212
HOLLYWOOD FL 33020

2500 HOLLYWOOD BLVD.
SUITE 212
HOLLYWOOD FL 33020-6615

2. Principal Place of Business

2237 N. Commerce Parkway

Suite, Apt. #, etc.

#3

City & State
Weston, FL

Zip
33326

Country
US

3. Mailing Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.

#3

City & State
Weston, FL

Zip
33326

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0369021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANELLA, ROSS H ESQ
2500 HOLLYWOOD BLVD.
SUITE 212
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name MANELLA, ROSS H. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
2237 N. Commerce Parkway

Suite #3

City
Weston

FL

Zip Code
33326

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.

SIGNATURE

ROSS MANELLA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GANDHI, SAILESH A	
STREET ADDRESS	6920 SW 8TH ST	
CITY-ST-ZIP	MIAMI BEACH FL 33144	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GANDHI, BHARAT A	
STREET ADDRESS	6290 SW 8TH ST	
CITY-ST-ZIP	MIAMI BEACH FL 33144	
TITLE	S	<input type="checkbox"/> Delete
NAME	GANDHI, JAYVANT A	
STREET ADDRESS	6290 SW 8TH ST	
CITY-ST-ZIP	MIAMI BEACH FL 33144	
TITLE	T	<input type="checkbox"/> Delete
NAME	GANDHI, KISHOR A	
STREET ADDRESS	6290 SW 8TH ST	
CITY-ST-ZIP	MIAMI BEACH FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sailesh A. Gandhi

Date

Daytime Phone #

CR2E034 (9/99)