

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021619

1. Entity Name  
GEETANJALI, INC.Principal Place of Business  
3013 ALOMA AVE  
WINTER PARK FL 32789  
USMailing Address  
C/O KAM SHAH  
9536 CASTLEFORD POINTE  
ORLANDO FL 32836

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State

Zip Country

4. FEI Number  
**59-3175902** Applied For  
Not Applicable5. Certificate of Status Desired  **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

SHAH, KAM  
9536 CASTLEFORD POINTE  
ORLANDO FL 32836

## 7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 *Kam J*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *3/29/02*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, 2002 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 PD  Delete  
NAME OBERAI, ARVIN K  
STREET ADDRESS 3013 ALOMA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789TITLE VST  Delete  
NAME SHAH, KAM  
STREET ADDRESS 3013 ALOMA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  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: *Kam J* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 407-276-7110

Daytime Phone #

0110098 AV

CR2E034 (9/01)