2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90572 033 ***150.00

DOCUMENT # P93000038589

1. Entity Name
ANISH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~7958 W. SAMPLE RD.~~ ~~MARGATE FL 33065~~ ~~5514 N.W 106 DR~~ ~~Coralsprings FL- 33076~~	~~7958 W. SAMPLE RD.~~ ~~MARGATE FL 33065~~ ~~5514 N.W 106 DR~~ ~~Coralspring FL 33076~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1421, N. Palm Av.	1421, N. Palm Ave
Suite, Apt. #, etc.: Pembrokee pines Florida	Suite, Apt. #, etc.
City & State	City & State: Pembrokee pines Florida
Zip: 33026 / Country: U.S.A.	Zip: 33026 / Country: U.S.A

4. FEI Number 65-0415939 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YOGESH, AMIN J 7958 W. SAMPLE RD. MARGATE FL 33065	Name: Yogesh Amin Street Address (P.O. Box Number is Not Acceptable): 1421, N. Palm Ave. Pembroke pines City FL Zip Code 33024

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 ____________________
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YOGESH, AMIN 7958 W. SAMPLE RD. MARGATE FL 33065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Yogesh Amin 1421 N. Palm Ave Pembrokee pines FL- 33024 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED [signature] April 23rd 02 (954)435-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #