

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064379

1. Entity Name  
GHANASHYAM, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90052 033 \*\*\*150.00

Principal Place of Business

16927 LAKESIDE AVE.  
MONTVERDE FL 34756

Mailing Address

P.O. BOX 560112  
MONTVERDE FL 34756-0112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 560112

City & State

MONTVERDE, FL

Zip

34756

Country

Suite, Apt. #, etc.

P.O. BOX 560112

City & State

MONTVERDE, FL

Zip

34756

Country

4. FEI Number

59-3180732

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

Last First Middle  
HUDA NUR, NAZMUL HUDA  
16927 LAKESIDE AVENUE  
MONTVERDE FL 34756

Name

NAZMUL H. NUR

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

5506 ARNOLD PALMER DR

City

ORLANDO

FL

Zip Code

32811

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 *Naazmul Huda*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME D  
STREET ADDRESS SHAH, SANGITA  
CITY-ST-ZIP 1329 CARDINAL LANE  
WINTER GARDEN FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PST Last First Middle  
STREET ADDRESS HUDA NUR, NAZMUL HUDA  
CITY-ST-ZIP 4550 OAK HAVEN DR. #104  
ORLANDO FL 32839

TITLE ☒ Change ☐ Addition  
NAME PST  
STREET ADDRESS NAZMUL H. NUR  
CITY-ST-ZIP 5506 ARNOLD PALMER DR  
ORLANDO, FL 32811

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*Naazmul Huda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00

CR2E034 (9/99)