

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000032676**

1. Entity Name

GANESH ELECTRONICS, INC.

Principal Place of Business

**2302 MERCATOR DR 101
ORLANDO FL 32807**

Mailing Address

**2302 MERCATOR DR 101
ORLANDO FL 32807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**NATHOO, DALSUKH
2302 MERCATOR DR 101
ORLANDO FL 32807**

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

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, 2001 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------------|-----------------------------|-----------------------------|---------------------------------|
| | DP | | | |
| | NATHOO, DALSUKH | 3229 KNOTTY PINE AVE | WINTER PARK FL 32792 | |

| | | | | |
|--|-------------------------|-------------------------|-------------------------|--|
| | DVS | | | |
| | CHAWHAN, PRAKASH | 14520 GAINESBORO | ORLANDO FL 32826 | |

| | | | | |
|--|---------------------------|------------------------------|-------------------------|--|
| | DT | | | |
| | CHAWHAN, RENUKA P. | %2302 MERCATOR DR 101 | ORLANDO FL 32807 | |

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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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

4/27/01

Date

(407) 677 0871

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90229 031 ***150.00

00050370

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3239523**

Applied For

Not Applicable

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

CR2E034 (10/00)