

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087280

1. Entity Name

HARISH, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90058 026 ***150.00

Principal Place of Business

209 MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548
US

Mailing Address

209 MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548
US

2. Principal Place of Business

1700, MAIN ST

Suite, Apt. #, etc.

3. Mailing Address

1700, MAIN ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CHIPLEY, FL

Zip

32428

Country

U.S.A

City & State

CHIPLEY, FL

Zip

32428

Country

U.S.A

4. FEI Number

59-3288197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAUHAN, HARISH
100 SW MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name CHAUHAN, HARISH

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

1700, MAIN ST

City

CHIPLEY

FL

Zip Code

32428

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, 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	D	<input type="checkbox"/> Delete
NAME	CHAUHAN, HARISH	
STREET ADDRESS	209 MIRACLE STRIP PARKWAY	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAUHAN, HARISH	
STREET ADDRESS	1700, MAIN ST	
CITY-ST-ZIP	CHIPLEY, FL. 32428	
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:

H. N. CHAUHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

(850) 638-8530

Daytime Phone #

CP2E034 (9/99)