

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90052 014 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000016881			
1. Entity Name KUNAL CORPORATION			
Principal Place of Business 5014 US HWY 19 NEW PORT RICHEY FL 34652		Mailing Address 5014 US HWY 19 NEW PORT RICHEY FL 34652	
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 SHAH, JAYSUKHLAL 5014 US HWY 19 NEW PORT RICHEY FL 34652		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 <i>Jaysukhlal Shah (President)</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	SHAH, JAYSUKHLAL		
STREET ADDRESS	5014 U.S. HWY. 19		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	SHAH, USHAKIRAN		
STREET ADDRESS	5014 U.S. HWY. 19		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	SHAH, KUNAL J		
STREET ADDRESS	5014 U.S. HWY. 19		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	SHAH, BHAVIN J		
STREET ADDRESS	5014 U.S. HWY. 19		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		
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 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: <i>Jaysukhlal Shah (President)</i>		1-11-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)