P95000016881

1. Entity Name KUNAL CORPORATION



FILED Jul 31, 2003 8:00 am Secretary of State 07-31-2003 90068 004 ***150.00

		\bigcirc						
Principal Place of Business Mailing Address 5014 US HWY 19 5014 US HWY 19 NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652								
Principal Place of Business 3. Mailing Address				I (010) 1101 1001				
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State City & State			08-99000099 H		Applied For Not Applicable			
Zip Country	Zip-	Count	try	5. Certificate of Status Desired	□ \$8.75 Ad Fee Require			
6. Name and Addres	s of Current Registered Agent		Name	7. Name and Address of New Regi	stered Agent			
SHAH, JAYSUKHLAL								
5014 US HWY 19		Street Address (P.O. Box Number is Not Acceptable)						
NEW PORT RICHEY FL 34652	1.21 -	Ì						
	• • •	[City		FL Zip Coo	de		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE								
Signature, typed or printed name o	registered agent and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating)	DATE			
FILE NOW!!! FEE IS \$ After September 10, 2003 Fee of Make Check Payable to Florida De	will be \$750.00			9. Election Campaign Financ Trust Fund Contribution.	~ _ ~~	00 May Be ed to Fees		
	FICERS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP PD SHAH, JAYSUKHLAL SOUTH STREET ADDRESS SOUTH STREET ADDRESS NEW PORT RICHEY I	□ Delete	NAME STREE			☐ Change	☐ Addition 6		
NAME STREET ADDRESS CITY-ST-ZIP NEW-PORT-RICHEY	☐ Delete	NAME STREE			Change	Addition		
TITLE SD SHAH, KUNAL J STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY F	☐ Delete	TITLE NAME			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD SHAH, BHAVIN J SO14 U.S. HWY. 19 NEW PORT RICHEY F	☐ Delete	NAME STREE	1		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREE			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	NAME STREE			☐ Change	Addition		
12. I hereby certify that the information	supplied with this filing does not qua	alify for the exen	nption stated in Sec	ction 119.07(3)(i), Florida Statutes. I fur	ther certify that the	information		

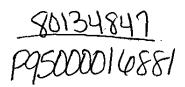
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

AHachment

KUNAL CORPORATION 5014 US HIGHWAY 19 NEW PORT RICHEY, FL 34652



July 22, 2003

Florida Department of State UBR Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2003 UBR

Dear Department of State:

I was very surprised to have received this report in the mail. In March 2003, I mailed a completed annual report along with a check for \$150.00 as I have always done since I formed my corporation in 1995. I verified with my bank that the check I wrote never cleared; so I have stopped payment on the original.

Under these circumstances, please process this report along with the original filing fee of \$150.00 enclosed as soon as possible. I will assume that the original I mailed must have been lost.

Your attention to this matter is greatly appreciated.

Sincerely,

Yay Shah President