

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020077

1. Entity Name

RISHMA TRADING COMPANY

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90002 005 ***550.00

Principal Place of Business

11911 U.S. 27 SOUTH
 SEBRING FL 33870

Mailing Address

11911 U.S. 27 SOUTH
 SEBRING FL 33870

2. Principal Place of Business

140 S. Commerce Avenue

Suite, Apt. #, etc.

3. Mailing Address

1400 Lamberts Mill Road

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Scotch Plains, NJ

4. FEI Number

65-0562343

Applied For

Not Applicable

Zip

33870

Country

USA

Zip

07076

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOHN W
 140 S COMMERCE AVE
 SEBRING FL 33870

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	AMIN, MAYABEN M	
STREET ADDRESS	1400 LAMBERTS MILL RD	
CITY-ST-ZIP	SCOTCH PLAINS NJ 07076	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, NATVERIAL C	
STREET ADDRESS	1400 LAMBERT MILL RD	
CITY-ST-ZIP	SCOTCH PLAINS NJ 07076	
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 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	
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-2000

Date

908-233 9205

Daytime Phone #

CR2E034 (5/00)