## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P95000060534

1. Entity Name

MAHAL BAZAAR INC



**FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90129 018 \*\*\*150.00

	•	<u></u>	GOD WE THE				
Principal Place of Business 2480 EAST BAY DR. C-15 LARGO FL 34641		Mailing Address 2480 EAST BAY DR. C-15 LARGO FL 34641					
2. Principal Pla	ace of Business	3. Mailing Address			<u> 1721 3810) 60721 38110 91111 08281</u>	#  ##   #     #	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ снеск н	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3331	FEI Number 59-3331299 Applied For Not Applicable		
Zip	Country	Zip Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent 7		7. Name and Address of N	7. Name and Address of New Registered Agent		
			Name				
SANGHAN 2015 BELL	I, JAYAN . RANCH ST	Street Address (P.O		(P.O. Box Number is Not Accep	otable)		
BRANDON	FL 33511		City		FL Zip	Code	
				ered exect or both in the State	1	with, and accept	
8. The above the obligation	named entity submits this statement for one of registered agent.	or the purpose of changing it	s registered office of regist	ered agent, or both, in the otake	0,10,100		
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signature requi	red when reinstating)	DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State		9. Election Campai Trust Fund Conti	· —	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES To	O OFFICERS AND DIREC	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANGHANI, NAGJIBHAI 2015 BELL RANCH ST BRANDON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ch	ange	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Ch	ange	
CITY-ST-ZIP		Delete	TITLE			nange Addition:	
NAME STREET ADDRESS CITY-ST-ZIP		ساب المال	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ct	hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ct	hange 🗌 Addition	
TITLE NAME STREET ADDRESS CHY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	_	
·	certify that the information supplied w	rith this filing does not qualify	for the exemption stated in at my signature shall have t	n Section 119.07(3)(i), Florida St he same legal effect as if made	atutes. I further certify tha under oath; that I am an	officer or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**