

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062797

1. Entity Name
MAVA INDUSTRIES, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90016 019 ***150.00

Principal Place of Business

935 SILVERTON LOOP
LAKE MARY FL 32746

Mailing Address

935 SILVERTON LOOP
LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3331483**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BABBAR, AJAY
935 SILVERTON LOOP
LAKE MARY FL 32746

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 NAME STREET ADDRESS CITY-ST-ZIP	D BABBAR, AJAY 935 SILVERTON LOOP LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABBAR, MANJU 935 SILVERTON LOOP LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

AJAY BABBAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-SEP-2000 **407-696-1377**
Date Daytime Phone #

CR2E034 (5/00)

attachment
p9500062797

Bo10S982

MAVA INDUSTRIES, INC.
935 SILVERTON LOOP
LAKE MARY, FL 32746

September 8, 2000

Fl. Dept. of State
Division of Corporation, Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir/Madam:

Please be advised that the review of our records indicate that we were not in receipt of the Annual Corporate Renewal Form from your office. Upon discussion with your office, and with their suggestion, we enclose the copy of the form 2000 Uniform Business Report with the check in the amount of \$ 150.00.

Kindly accept our report and waive any penalties associated with such filing. Your uppermost attention to this matter is appreciated.

Sincerely,



Ajay Babbar, President