

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90066 039 ***150.00

DOCUMENT # P95000074513

1. Entity Name

POONAM HOSPITALITY, INC.

Principal Place of Business

**349 S.W. MIRACLE STRIP BLVD.
 FT. WALTON BEACH FL 32548**

Mailing Address

**349 S.W. MIRACLE STRIP BLVD.
 FT. WALTON BEACH FL 32548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

331 A1A Beach Blvd

Suite, Apt. #, etc.

331 A1A Beach Blvd.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32080

Country

U.S.A.

Zip

32080

Country

4. FEI Number

36-4246938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PATEL, KISHOR

**349 S.W. MIRACLE STRIP BLVD.
 FT. WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

Bhoja, Sharda

Street Address (P.O. Box Number is Not Acceptable)

331 A1A Beach Blvd

City

St. Augustine, FL 32080

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-01

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 \$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. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BHOJA, CHAMPAK	
STREET ADDRESS	201 PLANTATION CTR DR N #1507	331 A1A Bch Blvd
CITY-ST-ZIP	MACON GA 31210	St. Augustine, FL 32080
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATEL, KISHOR	
STREET ADDRESS	349 S.W. MIRACLE STRIP BLVD.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
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
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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	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharda, Bhoja	
STREET ADDRESS	331 A1A Beach Blvd	
CITY-ST-ZIP	St. Augustine, FL 32080	
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]*

CHAMPAK BHOJA

3-20-01 904-471-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)