2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000049343** Apr 21, 2000 8:00 am Secretary of State BEEJAL CORP. 04-21-2000 90120 023 ***150.00 Principal Place of Business Mailing Address 162 FLORIDA SHORES BLVD 162_FLORIDA_SHORES-BLVD DAYTONA BEACH SHORES FL 32118-5639 DAYTONA_BEACH_SHORES-FL-321T8 2. Principal Place of Business 3. Mailing Address 18-00-5-1800 5 ATLANTIC DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 59-3382551 Not Applicable DAYTONA EACH AYTONA\$8.75 Additional Country 5. Certificate of Status Desired ARU 32 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARMESH DESAI, DHARMESH Street Address (P.O. Box Number is Not Acceptable) 162-FLORIDA SHORES BLVD: DAYTONA BEACH SHORES FL-32118 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 . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ي ہے۔ FILE NOW!!! FEE IS:\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE DESAI, DHARMESH NAME NAME S. ATLANIC AVE 162-FLORIDA SHORES BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA-BEACH: SHORES-FL-32118-CITY-ST-ZIP DESAI, RITA D Delete TITLE TITLE Og. NAME NAMÉ 1800 S. ATLANIC AVE DAYTONA BEAGH, FL 32)18 162-FLORIDA-SHORES-BLVD STREET ADDRESS STREET ADDRESS DAYTONA-BEACH-SHORES-FL-32118-CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE NAME NAME

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 to 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP