## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2000 8:00 am Secretary of State DOCUMENT # **P96000058582** ALICIA'S EAST/WEST ENTERPRISES, INC. 05-16-2000 90098 036 \*\*\*150.00 Principal Place of Business Mailing Address 364-366 S., STATE RD 7 364-366 S., STATE RD 7 MARGATE FL 33068 MARGATE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0687040 Not Applicable Country Country<sup>-</sup> \$8.75 Additional - Zip 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JARBANDHAN, DHANESHWAR Street Address (P.O. Box Number is Not Acceptable) 13355 -47 CT N. ROYAL PALM BCH FL 33411 Zip Code City 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Defete TITLE Change ☐ Addition TITLE JARBANDHAN, DHANESHWAR. NAME NAME 364-366 S. STATE ROAD 7 STREET ADDRESS 12780 BLUESTONE LAKE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE, FL. 33 068 DAVIE FL 33325 ST ☐ Delete TITLE JARBANDHAN, SABINA NAME NAME 364-366 5. STATE ROAD T STREET ADDRESS 13780 RILIESTONE LAKE COURT STREET ADDRESS -CITY-ST-ZIP \_ CITY-ST-ZIP-DAVIE FL 33325 MARGATE PL. 33068 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

DHANESHUAR TARBANDHAN 4/27/00

Davime Phone #

**FILED**