

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074079

1. Entity Name

BARON OIL INVESTMENTS, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90205 044 ***150.00

Principal Place of Business

Mailing Address

WEST EAU GALLIE BLVD.
FL 32934

4520 WEST EAU GALLIE BLVD.
MELBOURNE FL 32934-7216

2. Principal Place of Business

402 HIGHPOINT DR

Suite, Apt. #, etc.

A

City & State
COCOA FLA

Zip
32926

Country
USA

3. Mailing Address

402 HIGHPOINT DR

Suite, Apt. #, etc.

A

City & State
COCOA FLA

Zip
32926

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3398817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GANDHI, HEMANT
4520 WEST EAU GALLIE BLVD.
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name MR. JOHN SOILEAU

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

1970 MICHIGAN AVENUE, BLDG. C

City COCOA

FL

Zip Code 32926

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)

3/21/00
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 \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	SHAH, MAHESH	
STREET ADDRESS	4520 WEST EAU GALLIE BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAH, RASHMI	
STREET ADDRESS	4520 WEST EAU GALLIE BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GANDHI, HEMANT	
STREET ADDRESS	4520 WEST EAU GALLIE BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GANDHI, PRATIBHA	
STREET ADDRESS	4520 WEST EAU GALLIE BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
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	D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH MAHESH R.	
STREET ADDRESS	402 HIGHPOINT DR SUIT A	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH RASHMI M.	
STREET ADDRESS	402 HIGH POINT DR SUIT A	
CITY-ST-ZIP	COCOA FL 32926	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00
Date

(407) 631-0245
Daytime Phone #

CR2E034 (9/99)