

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091264

1. Entity Name

SAWHNEY HOLDINGS INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90086 023 \*\*\*150.00

Principal Place of Business

1021 45TH ST. N.W. STE 2  
POMPAÑO BEACH FL 33064

Mailing Address

53-27 254TH STREET  
LITTLE NECK HILLS N. 11362-1843  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

531 N. OCEAN BLVD.

Suite, Apt. #, etc.

E

City & State

POMPAÑO BEACH, FL

Zip

33064

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0720074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAWHNEY, BILL P  
10660 NW 42ND DRIVE  
CORAL SPRINGS FL 33064

7. Name and Address of New Registered Agent

Name

GHANTA RAM

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

531 N. OCEAN BLVD. SUITE E

City

POMPAÑO BEACH FL

Zip Code

33064

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

1/19/00

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	SAWHNEY, SANJAY	
STREET ADDRESS	1021 NW 45TH ST. STE 2	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	T/P	<input type="checkbox"/> Delete
NAME	SAWHNEY, SACHIN	
STREET ADDRESS	1021 NW 45TH ST. STE 2	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAWHNEY, NIRMAL	
STREET ADDRESS	53-27 254TH STREET	
CITY-ST-ZIP	LITTLE NECK HILLS NY 11362	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAWHNEY, SHAMSHER	
STREET ADDRESS	53-27 254TH STREET	
CITY-ST-ZIP	LITTLE NECK HILLS NY 11362	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 (954) 447-4000  
Date Daytime Phone #

CR2E034 (9/99)