

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000093262**

1. Entity Name

**ASHANKHA, INC.****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90057 047 \*\*\*150.00

Principal Place of Business

Mailing Address

~~10465 NW 29 TERR~~  
~~SUITE 1M57 BOX 25~~  
~~MIAMI FL 33172~~  
~~US~~~~10465 NW 29 TERR~~  
~~SUITE 1M57 BOX 25~~  
~~MIAMI FL 33172~~  
~~US~~

2. Principal Place of Business

**3511 N.W. 113 COURT**

Suite, Apt. #, etc.

3. Mailing Address

**3511 N.W. 113 COURT**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FLORIDA**Zip  
**33178**Country  
**USA**City & State  
**MIAMI, FLORIDA**Zip  
**33178**Country  
**USA**4. FEI Number  
**59-3422049**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHIFF, JAMES M**  
**9130 SOUTH DADELAND BLVD**  
**SUITE 1609**  
**MIAMI FL 33156**

Name

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

City

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**KITCHLOV, ASHOK**  
**165 DOCKSIDE CIRCLE**  
**WESTON FL 33327** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KITCHLOO, ASHOK**  
**165 DOCKSIDE CIRCLE**  
**WESTON, FLORIDA 33327** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)