

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000099694

Entity Name

JASMIR MANAGEMENT COMPANY, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90103 022 ***150.00

Principal Place of Business
35 S VOLUSIA AVE
STE 101
ORANGE CITY, FL 32763
US

Mailing Address

1495 S VOLUSIA AVE
STE 101
ORANGE CITY, FL 32763
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number

59-3419144

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0066207

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Govind Chaudhari
1495 S. Volusia Avenue, Ste # 201
Orange City, FL 32763

7. Name and Address of New Registered Agent

Name **Govind Chaudhari**
Street Address (P.O. Box Number is Not Acceptable)
1495 S Volusia Ave, Ste 201
City **Orange City** **FL** **32763**

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:  /Govind Chaudhari, president 4/25/00

(NOTE: Registered Agent signature required for change of agent)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See instructions 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. This document is prepared for filing by the filer or its agent.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

NAME	D	☐ Delete
STREET ADDRESS	Chaudhari, Govind	
CITY- ST- ZIP	1495 South Volusia Avenue	
	Orange City, FL	☐ Delete
NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		☐ Delete
NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		☐ Delete
NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		☐ Delete
NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		☐ Delete

12.

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DP

Orange City, FL 32763

☒ Change ☐ Addition

☐ Change ☐ Addition

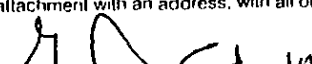
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made personally by 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:  /Govind Chaudhari, president 4/25/00 904 775-0144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)