

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103650

1. Entity Name

LAKSHMI INVESTMENTS INC.

Principal Place of Business

3807 TRIPLE JUMP ST  
VALRICO FL 33594

Mailing Address

3807 TRIPLE JUMP ST  
VALRICO FL 33594-8453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3414716

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

JAMBHEKAR, AJAY S  
3807 TRIPLE JUMP ST  
VALRICO FL 33594

Name ANKALIKAR SATISH P.

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

15801 HAMPTON VILLAGE DRIVE

City TAMPA

FL

Zip Code 33618

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

*Day O. Anand*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIRGUDKAR, ANIL G	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANKALIKAR, SATISH P	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRTIKAR, UDAY A	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	KULKARNI, SAMEER M	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	FU, EUGENE F	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATTEHALLI, N M	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMBHEKAR AJAY S	
STREET ADDRESS	3807 Triple Jump St,	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAH NARESH	
STREET ADDRESS	3807 Triple Jump St	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KULKARNI SUHAS M	
STREET ADDRESS	3807 Triple Jump St	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRIS, VIJAY	
STREET ADDRESS	3807 Triple Jump St	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHORSANDIAN, ADI	
STREET ADDRESS	3807 Triple Jump St	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRANMANESH, REZA	
STREET ADDRESS	3807 Triple Jump St	
CITY-ST-ZIP	Valrico, FL 33594	

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:

*Day O. Anand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)