

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-27-2000 90041 030 ***150.00

DOCUMENT # P97000008465

1. Entity Name

DEO'S JEWELRY, INC.

Principal Place of Business

Mailing Address

7543 WEST HILLSBOROUGH AVENUE
 TAMPA FL 33615

7543 WEST HILLSBOROUGH AVENUE
 TAMPA FL 33615-4103

80008721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2543 W HILLSBOROUGH
 Suite, Apt. #, etc.

7543 W HILLSBORO
 Suite, Apt. #, etc.

TAMPA

CITY & STATE
 FLA

Zip 33615 Country

CITY & STATE
 TAMPA FLA

Zip 33615 Country

4. FEI Number 59-3423432

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GAJADHAR, SEUDATT
 7543 W HILLSBOROUGH
 TAMPA FL 33615

7. Name and Address of New Registered Agent

Name SEUDATT, GAJADHAR
 Street Address (P.O. Box Number is Not Acceptable)
 7543 W. HILLSBOROUGH
 TAMPA FLA
 City FL Zip Code 33615

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

Seudatt Gajadhar PD 1-18-2000
 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	PD	<input type="checkbox"/> Delete
NAME	GAJADHAR, SEUDATT	
STREET ADDRESS	7543 WEST HILLSBOROUGH AVENUE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAJADHAR, MOHANDAI	
STREET ADDRESS	7543 WEST HILLSBOROUGH AVENUE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	T	<input type="checkbox"/> Delete
NAME	GAJADHAR, TERRY	
STREET ADDRESS	7543 WEST HILLSBOROUGH AVENUE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAJADHAR SEUDATT	
STREET ADDRESS	7543 W. HILLSBOROUGH	
CITY-ST-ZIP	TAMPA FLA 33615	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHANDAI GAJADHAR	
STREET ADDRESS	7543 W. HILLSBOROUGH	
CITY-ST-ZIP	TAMPA FLA 33615	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY GAJADHAR	
STREET ADDRESS	7543 W. HILLSBOROUGH	
CITY-ST-ZIP	TAMPA FLA 33615	
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:

Seudatt Gajadhar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000
 Date

Daytime Phone #

CR2E034 (9/99)