

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000008874

1. Corporation Name

KOMAL BHOJWANI, ESQ., P.A.

Principal Place of Business

Mailing Address

~~POST OFFICE BOX 402426~~
~~MIAMI BEACH FL 33140-2426~~

~~POST OFFICE BOX 402426~~
~~MIAMI BEACH FL 33140-2426~~

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90205 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1997

2. Principal Place of Business

2a. Mailing Address

21 9101 NE 2 AVE

26 Same as principal

4. FEI Number

65-0721949

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI SHORES, FL

27 place of business

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33138

25

29

30

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BHOJWANI, KOMAL ESQ.
1654 COLLINS AVENUE
MIAMI BEACH FL 33139

81 Name

KOMAL BHOJWANI

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

9101 NE 2 AVE

83

84 City

MIAMI SHORES

FL

85 Zip Code 33138

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Komal Bhojwani*
Signature, typed or printed name of registered agent and title if applicable

KOMAL BHOJWANI

3-5-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDST ☐ DELETE
NAME BHOJWANI, KOMAL ESQ
STREET ADDRESS 1654 COLLINS AVE 9101 NE 2 AVE
CITY-ST-ZIP MIAMI BEACH FL 33140 MIAMI SHORES

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME of address
1.3 STREET ADDRESS 9101 NE 2 AVE
1.4 CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Komal Bhojwani* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Komal Bhojwani, President 3-5-99 305-759-3235
Date Daytime Phone #

CR2E034 (1/98)