

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90133 045 \*\*\*150.00

**DOCUMENT # P97000015957**

1. Entity Name

**ALL SPICES OF INDIA, INC.**

Principal Place of Business

~~3227 VISHAL DRIVE~~  
 ORLANDO FL 32817

*Residential Address*

Mailing Address

~~3227 VISHAL DRIVE~~  
 ORLANDO FL 32817

*3126, VISHAL DR.  
 ORLANDO FL 32817*

2. Principal Place of Business

**2319, MT. VERNON ST**

3. Mailing Address

**3126, VISHAL DR.  
 ORLANDO FL 32817**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO**

City & State

**ORLANDO**

Zip

**FL 32803**

Country

**ORANGE**

Zip

**32817**

Country

**ORANGE**

4. FEI Number

**59-3425085**

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

**ZOPE, PRABHAKAR**

**263227 VISHAL DRIVE  
 ORLANDO FL 32817**

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, 2002 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	PD ZOE, URMILA P 3227 VISHAL DRIVE ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZOE, URMILA P 3227 VISHAL DRIVE ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**PRABHAKAR ZOPE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-02 (407) 896-5700**  
 Date Daytime Phone #

0103747

CR2E034 (9/01)