

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

PA7-00036831

1. Entity Name

FILED

00 SEP 27 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

BASIC Needs Inc

2262 Harborview Dr Dunedin FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Pinellas

34698

U.S.A.

4. FEI Number

59-3442839

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHAIRUNISSA MANIDANI

**2262 Harborview Dr
Dunedin FL 34698**

Name

Same

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

City

680003441846-1
-10/27/06L-01024-007
******150.00 ****150.00**

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

Khairunissa Mandani

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 **PRESIDENT** ☐ Delete
NAME **Khairunissa Mandani**
STREET ADDRESS
CITY-ST-ZIP

TITLE **change address** ☒ Change ☒ Addition
NAME
STREET ADDRESS **2262 Harborview Dr.**
CITY-ST-ZIP **Dunedin FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

Khairunissa Mandani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/30/06

SP

CR2E034 (9/99)

08/28/00

Dear Sir/ Madam,

I am the officer of
Basic needs Inc, & Nisha
Supplies Inc. I have sent
you \$150, \$150, 2 checks
on both of my corporations
which unfortunately were
misplaced. So, I am sending
you Money order on my
both corporations and requesting
you to Wave penalty.

Thank you

Basic needs Inc.

~~Nisha Supplies Inc~~
Chen Vanden
Officer