## 2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

1. Entity Name

P97000053569

DADA SHYAM ENTERPRISES, INC.

## DO NOT WRITE IN THIS SPACE

2. Principal I	Place of Business	3. Mailing Address			┥					
10401 NW 36 STREET			10401 NW 36 STREET							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT USE			_
		Ī	,				DO NOT WRITI	E IN THIS	SPAC	E
City & Sta	te	-	City & State		· · · · · · · · · · · · · · · · · · ·	1	El Number			AP-1F
MIAMI, FI			MIAMI FI			"	65-0799352			Applied For
Zip Country			Zip	Coun	Country				60 -	Not Applicab
33178			33178			5. (	Certificate of Status Desired		Fee F	75 Additional Required
<u></u>			-			7. Na	me and Address of Current R			
		<u> </u>	-		_Name					
DO NOT WRITE					NEBHRAJANI, BHARAT Street Address (P.O. Box Number is Not Acceptable)					
			<del>-</del>					•		
	IN THIS :	5PA	CE	i	10401 NW	<del>/ 30 S</del>	TREET			
							<u> </u>			
					City	h a	I A B AI	FL	Zi	p Code
8. The above	named entity submits this statement	ent for the	Durpose of chang	ning its registers	d office or resista	<u> V </u>	IAMI		3	3178
	,		perpose or charg	ging its registere	a once or registe	ereo age	ent, or both, in the State of Florid	da.		
SIGNATURE*										
SIGNATURE .	Signature, typed or printed name of registered	agent and titl	e if applicable.	(NOTE: Registered	Agent signature require	d whon roi				
	<del></del>					O WINDIN TELL	istating)	DATE		
This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.			January After	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			10 Election Compaign Cines	-:		<b>^-</b>
(See criteria on back)			Am	ended UBR is	R is \$61.25					\$5.00 May Be
			Make Check	Payable to De	partment of Sta	ite	west verte download to the	_	,	Added to Fees
11.	OFFICERS /	AND DIRE	CTORS					·	•	
TITLE	PSTD			TITLE					·	
NAME STREET ADDRESS	NEBHRAJANI, BHARAT			NAME	1					
STREET ADDRESS   CITY-ST-ZIP	10401 NW 36 STREET			STREET	ADDRESS					
	MIAMI, FL 33178			CITY-S	ST-ZIP		F <sub>1</sub>			
TITLE				TITLE						
NAME				NAME	+					
STREET ADDRESS (				STREET	ADDRESS					
				CITY-S	T-ZIP					
TITLE				TITLE						
TREET ADDRESS		سيوسي		NAME	<del></del>				-	
CITY-ST-ZIP					ADDRESS		DO NOT	/ID17		
$\neg$ — $+$	· · · · · · · · · · · · · · · · · · ·		<u> </u>	CITY-S	T-ZIP		DO NOT W	<b>VKII</b>		
ITLE			•	TITLE			IN THIS O	DAG		
IAME _ TREET ADDRESS				NAME			IN THIS SI	<b>TAU</b>		
ITY-ST-ZIP					ADDRESS					
			<del></del>	CITY-S	I - ZIP					
ITLE				TITLE						
TREET ADDRESS				. NAME						
TREET ADDRESS					ADDRESS		*			
<del></del>				CITY-ST	-ZIP					
TLE				TITLE				·		
AME				NAME						
TREET ADDRESS	1			STREET A	ADDRESS					
TY-ST-ZIP				CITY-ST						!
<ol><li>I hereby cer indicated or</li></ol>	rtify that the information supplied very thin this report or supplemental record ration or the receiver or tustes executed the supplemental receivers and supplementa	vith this fil	ing does not quali	fy for the exemp	tion stated in Sec	tion 119	0.07(3)(i), Florida Statutes, Utuet	her certifi	that	no information
of the corpo	pration or the receiver or truster e	i is true a Mpowere	nd accurate and t d to execute this r	nat my signature	shall have the sa	ame leg	al effect as if made under oath;	that I am	an off	icer or director
attachment	oration or the receiver or trustee e with an address, with all other like	mpower	ed.	oport do require	o by Chapter 60	r, FIONG	a otatutes; and that my name a	appears in	Block	< 11 or on an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-542-3234

**FILED** 

May 16, 2002 8:00 am Secretary of State

05-16-2002 90058 027 \*\*\*150.00