

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000070533**

1. Entity Name  
**AMBAMA, INC.**

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90017 025 \*\*\*150.00

Principal Place of Business  
**CBS GROCERY**  
**5045 HIGHWAY 17 N.**  
**DELEON SPRINGS FL 32130**

Mailing Address  
**2884 FOREST EDGE DR.**  
**DELTONA FL 32725**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Sold 8-1-00**

3. Mailing Address

**2884 Forest Edge Dr.**

City & State

City & State

**Deltona**

4. FEI Number

**59-3463894**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32725**

**Volusia**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHUKLA, ALKA**  
**2884 FOREST EDGE DR.**  
**DELTONA FL 32725**

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE **DPS** ☐ Delete  
NAME **SHUKLA, VINAY**  
STREET ADDRESS **2884 FOREST EDGE DR.**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **DVT** ☐ Delete  
NAME **SHUKLA, ALKA**  
STREET ADDRESS **2884 FOREST EDGE DR.**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SAIKUM F. Wickled V-President**

**9-7-00**

**904-532 5326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Ambama, Inc.  
2884 Forestedge Dr.  
Deltona FL 32725

Sept. 07, 2000

To. Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

REFERENCE:- Document # P97000070533  
EIN # 59-3463894

Subject:- Waiver of Penalty

Dear Sir/Madam,

With reference to above, I undersigned  
Alka Shukla, Vicepresident of Ambama Inc.,  
would like to request you to waive the penalty  
for non payment of Annual filling fees for 2000  
for the following reasons.

I never received the Annual Filing Form  
for 2000, may be lost in the mail because  
of maybe you mailed at my Business  
location at DeLeonSpring FL and there is  
no Mailing/Postman or Delivery Service  
because of Very small Town, which was  
not forwarded to us/or delivered back  
to you. I would like to request you to  
waive the penalty of the basis of wrong  
mailing Address and misunderstanding.

I am enclosing herewith the check of  
\$150.00 being an annual filing fee for  
2000 as discussed with one of your Representative

about the waive of Penalty, as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the form on or before Due Date.

Please! waive the Penalty due to lack of information, misunderstanding. We Thanking you in advance for your cooperation. Sorry for the inconvenience Again We Thanking you Please waive the penalty- I will appreciate your cooperation  
Thanks - Thanks. Thanks - - -

Sincerely,

A.V. Shukla

Alka Shukla  
Vice President.