

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90011 049 ***150.00

DOCUMENT # P97000070533

1. Entity Name

AMBAMA, INC.

Principal Place of Business

CBS GROCERY
5045 HIGHWAY 17 N.
DELEON SPRINGS FL 32130

Mailing Address

2884 FOREST EDGE DR.
DELTONA FL 32725

*Please change Address
to Vinay Shukla Alka*

2. Principal Place of Business

3. Mailing Address

321 Via Tuscany Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tuscany at Lakemary

City & State

City & State

LAKEMARY - FL -

Zip

Country

Zip

Country

32746 Seminole

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUKLA, ALKA
2884 FOREST EDGE DR.
DELTONA FL 32725

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, 2001 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	DPS	<input type="checkbox"/> Delete
NAME	SHUKLA, VINAY	
STREET ADDRESS	2884 FOREST EDGE DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SHUKLA, ALKA	
STREET ADDRESS	2884 FOREST EDGE DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-01 904-717-7434

CR2E034 (10/00)