2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000077990** MITESH OF TALLAHASSEE, INC. Principal Place of Business Mailing Address 2997 APALACHEE PARKWAY APALACHEE PARKWAY **** 9955 FL 32301 TALLAHASSEE FL 32301-3679 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country 6. Name and Address of Current Registered Agent Name JIVAN, NALINI

2997 APALACHEE PARKWAY TALLAHASSEE FL 32301

Signature, typed or printed name of registered agent and title if applicable.

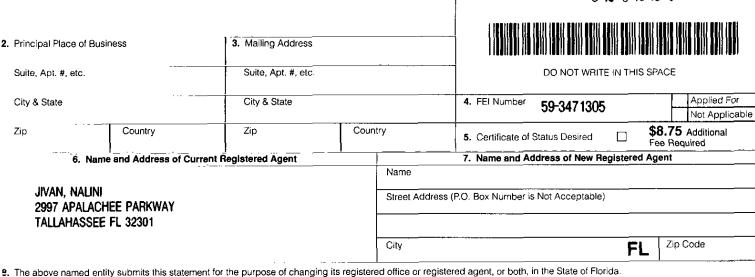
SIGNATURE

SIGNATURE:

FILED Mar 03, 2000 8:00 am Secretary of State

03-03-2000 90207 031 ***150.00

UAUAWV



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. S5.00 Ma | | | | |
|--|--|--|---------------------------------------|---|--|-------------------|-------------|-------------|
| ii. | OFFICERS AND DI | RECTORS | 12. | ADI | DITIONS/CHANGES TO OFFICERS A | ND DIRECTORS | 3 IN 11 | ۔ ا |
| nlé - | D JIVAN, MANOO 2997 APALACHEE PARKWAY TALLAHASSEE FL 32301 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | 00/0/ /6000 |
| Annress | D JIVAN, NALINI 2997 APALACHEE PARKWAY TALLAHASSEE FL: 32301 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| ST ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | ☐ Change | Addition | |
| | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| <u> 4009ESS</u> St zip | · | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| indicated of the co | I certify that the information supplied with the certify that the information supplied with the certific tention or the receiver or trustee empower, or on an attachment with an address, with the certific tention in the certific tention or the receiver or trustee empower, or on an attachment with an address, with the certific tention in the certific tention of tent | ue and accurate and that my ered to execute this report as | signature shall have t | he same le | egal effect as it made under cath: tha | t i am an officer | or airector | |

City

(NOTE: Registered Agent signature required when reinstating)