

4/10.

FILED
May 21, 2002 8:00 am
Secretary of State

04-10-2002 90663 025 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007721

1. Entity Name

BRAHMBHATT BROTHERS, INC.

Principal Place of Business

1181 AIRPORT RD.
JACKSONVILLE FL 32218

Mailing Address

1181 AIRPORT RD.
JACKSONVILLE FL 32218

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3491160

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

MATHEWS, JAMES W.
 MAIGE, MATHEWS & CO, P.A.
 3740 ST JOHNS BLUFF RD SUITE 5
 JACKSONVILLE FL 32224

DAVID AKINS →

7. Name and Address of New Registered Agent

Name **COMPLETE ACCOUNTING**
 Street Address (P.O. Box Number is Not Acceptable)
4444 MERIDIAN AV.
JACKSONVILLE **32210**
 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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRAHNBHATT, BAHARAT	
STREET ADDRESS	1181 AIRPORT RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRAHMBHATT, NITIN	
STREET ADDRESS	1181 AIRPORT RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRAHNBHATT, PJ	
STREET ADDRESS	1181 AIRPORT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAGAT, SAMIR	
STREET ADDRESS	1180 AIRPORT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAHMBHATT BHARAT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAHMBHATT PJ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHAGAT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 #

4-5-02 904-741-4000

CP2E034 (9/01)