

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90312 040 \*\*\*150.00

**DOCUMENT # P98000009368**

1. Entity Name  
**DYNAMIC HEALTH PRODUCTS, INC.**

Principal Place of Business

6925 112TH CIRCLE NORTH  
 SUITE 101  
 LARGO FL 33773  
 US

Mailing Address

6925 112TH CIRCLE NORTH  
 SUITE 101  
 LARGO FL 33773  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12399 Belcher Road S.

3. Mailing Address

12399 Belcher Road S.

Suite, Apt. #, etc.

Suite 160

Suite, Apt. #, etc.

Suite 160

City & State

Largo, FL

City & State

Largo, FL

4. FEI Number

34-1711778

Applied For

Not Applicable

Zip

33773

Country

USA

Zip

33773

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TANEJA, JUGAL K  
 6950 BRYAN DAIRY ROAD  
 LARGO FL 33777

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TANEJA, JUGAL K 6950 BRYAN DAIRY RD LARGO FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEKHARAM, KOTHA S 6950 BRYAN DAIRY RD LARGO FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCF (A) SHUMEN, CANI 6925 112TH CIRCLE NORTH, STE 101 LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (A) SHERMA, RAKESH K M.D. 6925 112TH CIRCLE NORTH, STE 101 LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANEJA, MANDEEP K 6925 112TH CIRCLE NORTH, STE 101 LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCF D SHUMAN, CANI 12399 Belcher Rd, Suite 160 Largo, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAAMA, RAKESH K M.D. 6925 112TH CIRCLE N, STE 101 Largo, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANEJA, MANDEEP K 12399 Belcher Ado S, Suite 160 Largo, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, MORDON 1080 Peppertree Lane, #302 Sarasota, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Shuman, Cani Shuman 4/29/02 727/324-6667  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)