2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000019323 Feb 13, 2000 8:00 am 1. Entity Name **Secretary of State** ASHA SHANI INC. 02-13-2000 90022 032 ***150.00 Principal Place of Business Mailing Address 1671 RUTLEDGE RD. 1671 RUTLEDGE RD. LONGWOOD FL 32779-2716 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3497785 Not Applicable -- Zip \$8.75 Additional Zip~ Country** ^-- -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERSON, BRENDA Y Street Address (P.O. Box Number is Not Acceptable) 1671 RUTLEDGE RD. LONGWOOD FL 32779 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Change Addition ☐ Delete TITLE PERSON, BRENDA Y NAME STREET ADDRESS 1671 RUTLEDGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete Change Addition TITLE PERSON, GREGORY NAME NAME 1671 RUTLEDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP LONGWOOD FL-32779 Change ___ Addition ☐ Delete TITLE TITLE NAME NAME 1167 RUTLEDGE RD UNCONDETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP 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.