2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034684

1. Entity Name
DURGA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3580 PALL MALL DRIVE	3580 PALL MALL DRIVE
UNIT 1506	UNIT 1506
JACKSONVILLE FL 32257	JACKSONVILLE FL 32257

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 59-3505233   Applied For / Not Applicable

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
HALLOWES, BORDEN R	Name
3580 PALL MALL DRIVE	Street Address (P.O. Box Number is Not Acceptable)
UNIT 1506	
JACKSONVILLE FL 32257	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10. OFFICERS AND DIRECTORS			**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BHIM BHAS, SURESHCHANDRE		NAME	
STREET ADDRESS	3580 PALL MALL DRIVE, UNIT 1506		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BHIMBHAS, LALITABEN		NAME	
STREET ADDRESS	3580 PALL MALL DRIVE, UNIT 1506		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LALLOOBHAJ, JAIPRAHAH		NAME	
STREET ADDRESS	3580 PALL MALL DRIVE, UNIT 1506		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LALLOOBHAN, BELEN		NAME	
STREET ADDRESS	3580 PALL MALL DRIVE, UNIT 1506		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Jaiprakashbhai Lalloo Bhai._ _2/5/2003_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   SECRETARY   Date   Daytime Phone #