

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040201

1. Entity Name

KERAWALA CORPORATION

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90089 017 ***150.00

Principal Place of Business

4632 DELEON ST #F-230
FT MYERS FL 33907

Mailing Address

4632 DELEON ST #F-230
FT MYERS FL 33884-2926

00010304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Eagle Ridge Mall
Suite, Apt. #, etc.
451 Eagle Ridge Drive
City & State
Lake Wales, FL 33853

3. Mailing Address

Elegant Jewelry
Suite, Apt. #, etc.
451 Eagle Ridge Dr.
City & State
Lake Wales, FL

4. FEI Number **59-3517952**

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33853

Country

Zip
33853

Country
U.S.A.

6. Name and Address of Current Registered Agent

KERAWALA, YASMIN
4632 DELEON ST #F-230
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name *KERAWALA, YASMIN*
Street Address (P.O. Box Number is Not Acceptable)
P. 4220 Mahogany Run S.E.
City *Winter Haven* FL Zip Code *33884*

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 *Yasmin Kerawala*

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD KERAWALA, YASMIN 4632 DELEON ST #F-230 FT MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERAWALA, SHUJAAT 4632 DELEON ST #F-230 FT. MYERS FL 33907	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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:

Yasmin Kerawala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #