

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000040201****1. Entity Name**
KERAWALA CORPORATION**FILED**
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90044 032 ***158.75

Principal Place of Business451 EAGLES RIDGE DRIVE
LAKE WALES FL 33853
US**Mailing Address**451 EAGLES RIDGE DRIVE
LAKE WALES FL 33853
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

KERAWALA, YASMIN
523 HEATHER GLEN DR
WINTER HAVEN, FL.
33884
POLK

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3517952**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****KERAWALA, YASMIN**
P. 4220 MOHOGANY RUN S.E.
WINTER HAVEN FL 33884**7. Name and Address of New Registered Agent**

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, 2001 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** **PTD** ☐ Delete
NAME **KERAWALA, YASMIN**
STREET ADDRESS **4632 DELEON ST #F-230**
CITY-ST-ZIP **FT MYERS FL 33907****TITLE** **SD** ☐ Delete
NAME **KERAWALA, SHUJAAT**
STREET ADDRESS **4632 DELEON ST #F-230**
CITY-ST-ZIP **FT MYERS FL 33907****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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 supplied in a 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 an officer like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB-01-2001

CR2E034 (10/00)