

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053037

1. Entity Name

MARUTI, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90096 003 \*\*\*150.00

Principal Place of Business

Mailing Address

375 SOUTH WANKEENAH STREET  
MONTICELLO FL 32344

375 SOUTH WANKEENAH STREET  
MONTICELLO FL 32344-1841

2. Principal Place of Business

HWY 19 & US 19 S

3. Mailing Address

PO Box 169

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Monticello, FL

4. FEI Number

59-3517277

Applied For

Not Applicable

Zip

32344

Country

Jefferson

Zip

32345

Country

Jefferson

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

VYAS, NIKHILESH I  
375 SOUTH WANKEENAH STREET  
MONTICELLO FL 32344

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME VYAS, BHADRESH I  
STREET ADDRESS 375 SOUTH WANKEENAH STREET  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME VYAS, NIKHILESH I  
STREET ADDRESS 375 SOUTH WANKEENAH STREET  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 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: NIKHILESH I. VYAS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/00

Date

(850) 997-0285

Daytime Phone #

CR2EX4 (9/99)