

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90193 030 ***150.00

DOCUMENT # P98000083501

1. Entity Name
DHARA ENTERPRISES, INC.

Principal Place of Business Mailing Address
 127 W GRIFFINVIEW DRIVE 3227 VISHAAL DRIVE
 LADY LAKE FL 32159 ORLANDO FL 32817-3521

953694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 3227 VISHAAL DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 ORLANDO

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

Zip: Country Zip Country
 FL-32817 U-SA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PATEL, PITUSHA
 3227 VISHAAL DRIVE
 ORLANDO FL 32817

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: Pitusha Patel DATE: 04-25-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	PATEL, RAJESH	
STREET ADDRESS	127W GRIFFINVIEW DRIVE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PATEL, RAJESH	
STREET ADDRESS	3227 VISHAAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PATEL, KRUTI	
STREET ADDRESS	13820 WATERLILY CT SE	
CITY-ST-ZIP	ALBUQUERQUE NM 87123	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE: 04-25-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)