

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083501

1. Entity Name
DHARA ENTERPRISES, INC.
10001 S. DIXIE AVE. SUITE 100
DADE CITY, FL 34608

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90193 030 ***150.00

Principal Place of Business
127 W GRIFFINVIEW DRIVE
DADE CITY LAKE FL 32159

Mailing Address
3227 VISHAAL DRIVE
ORLANDO FL 32817-3521

953694



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

Zip
FL-32817

Country
U-S-A

Zip
Country

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

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, RAJESH		NAME		
STREET ADDRESS	127W GRIFFINVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL 32159		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, RAJESH		NAME		
STREET ADDRESS	3227 VISHAAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, KRUTI		NAME		
STREET ADDRESS	13820 WATERLILY CT SE		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE NM 87123		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 04-25-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)