

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90030 049 ***150.00

DOCUMENT # P98000086095

1. Entity Name

NIBRAKA GLOBAL, INC.

Principal Place of Business

Mailing Address

109A SOUTH BERKLEY ROAD
 AUBURNDALE FL 33823

109A SOUTH BERKLEY ROAD
 AUBURNDALE FL 33823-2801
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3536654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PATEL, NILESH
6316 TIMUCUANS DRIVE
LAKELANE FL 33813

7. Name and Address of New Registered Agent

Name

PATEL, NILKANTH

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

512 SUNNY CIRCLE

City

WINTER HAVEN

FL

Zip Code

33880

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

Nilkant Pate

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PATEL, NILESH	
STREET ADDRESS	6316 TIMUCUANS DRIVE	
CITY-ST-ZIP	LAKELANE FL 33813	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PATEL, NILKANTH	
STREET ADDRESS	6316 TIMUCUANS DRIVE	
CITY-ST-ZIP	LAKELANE FL 33813	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL, NILKANTH	
STREET ADDRESS	512 SUNNY CIRCLE	
CITY-ST-ZIP	WINTER HAVEN, FL. 33880	
TITLE	PATEL, VAISHAKHA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	512 SUNNY CIRCLE	
CITY-ST-ZIP	WINTER HAVEN, FL. 33880	
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: *Nilkant Pate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2000

Date

Daytime Phone #

941-967-4246

CR 12034 (9/99)