

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90910 007 ***150.00

DOCUMENT # P98000102050

1. Entity Name
SHIV SHANTI, INC.

Principal Place of Business
**5145 NORTH US HWY 17
DE LEON SPRINGS FL 32130
US**

Mailing Address
**5145 NORTH US HWY 17
DE LEON SPRINGS FL 32130
US**



2. Principal Place of Business
851 E. S. R. 434

3. Mailing Address
851 E. S. R. 434

Suite, Apt. #, etc.
164/166

Suite, Apt. #, etc.
164/166

City & State
LONGWOOD FL

City & State
LONGWOOD FL

4. FEI Number
65-0894277

Applied For
☐ Not Applicable

Zip Country
32750 SEMINOLE

Zip Country
32750 SEMINOLE

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

**FINANCIAL ACCOUNTING SERVICES
730 W COLONIAL CIRCLE
ORLANDO FL 32804**

Name
HERMAN SINGH
Street Address (P.O. Box Number is Not Acceptable)
300 E SEMINOLE Blvd.
Suit 2J
City
CASSELBERRY FL Zip Code
32707

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 *Modha* **MAHESH KUMAR MODHA** 03/27/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P MODHA, MAHESH K 5145 NORTH US HWY 17 DE LEON SPRINGS FL 32130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Modha* **MAHESH KUMAR MODHA** 03/27/02 407-260-7185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

001461 14

CR2E034 (9/01)