

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90615 012 ***150.00

DOCUMENT # P99000002242

1. Entity Name

CHANDNI MANAGEMENT, INC.

Principal Place of Business

**1255 HYPOLUXO ROAD
 LANTANA FL 33462-4223**

Mailing Address

**1255 HYPOLUXO ROAD
 LANTANA FL 33462-4223**

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

31-1633063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Stephen M Beyer, Esq**
 Street Address (P.O. Box Number is Not Acceptable) **2201 Corporate Blvd**
Ste 103
 City **Boca Raton** FL Zip Code **33431**

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, typed or printed name of registered agent and fee 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 **D** ☐ Delete
 NAME **PATEL, BHARAT M**
 STREET ADDRESS **18 TREMORE WAY**
 CITY-ST-ZIP **HOLLAND OH 43528**

TITLE **D** ☐ Delete
 NAME **PATEL, MANOJ I**
 STREET ADDRESS **1255 HYPOLUXO RD**
 CITY-ST-ZIP **LANTANA FL 33462-4223**

TITLE **D** ☐ Delete
 NAME **PATEL, DINESH D**
 STREET ADDRESS **916 ERIE ST**
 CITY-ST-ZIP **OAKLAND CA 94610**

TITLE **D** ☐ Delete
 NAME **PATEL, UMRILLA B**
 STREET ADDRESS **18 TREMORE WAY**
 CITY-ST-ZIP **HOLLAND OH 43528**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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: **SIGNATURE REQUIRED PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 **561**
365-3970
 Date Daytime Phone #

CR2E034 (9/01)