

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020179

1. Entity Name

ZENITH CONSULTING INC.

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

03-14-2000 90049 022 ***158.75

Principal Place of Business

Mailing Address

6170 NW 173 ST.
APT #411
MIAMI, FL-33015

← Same

820028

2. Principal Place of Business

261 NE 38 ST.

3. Mailing Address

261 NE 38 ST.

Suite, Apt. #, etc.

D101

Suite, Apt. #, etc.

D101

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0903535

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHRINIWAS GANEDIWAL

6170 NW 173 ST.
APT #411
MIAMI, FL-33015

7. Name and Address of New Registered Agent

Name SHRINIWAS GANEDIWAL

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

261 NE 38 ST.

D101

City FORT LAUDERDALE FL

Zip Code 33334

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

Shrinivas

SHRINIWAS GANEDIWAL

2/26/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATISH KAGLIWAL
STREET ADDRESS	261 NE 38 ST. APT # D101
CITY-ST-ZIP	FORT LAUDERDALE, FL-33334
TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHRINIWAS GANEDIWAL
STREET ADDRESS	261 NE 38 ST. APT # D101
CITY-ST-ZIP	FORT LAUDERDALE, FL-33334
TITLE	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHRINIWAS GANEDIWAL
STREET ADDRESS	261 NE 38 ST. APT # D101
CITY-ST-ZIP	FORT LAUDERDALE, FL-33334
TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHRINIWAS GANEDIWAL
STREET ADDRESS	261 NE 38 ST. APT # D101
CITY-ST-ZIP	FORT LAUDERDALE, FL-33334
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNJAN DHELIA
STREET ADDRESS	261 NE 38 ST. APT # D101
CITY-ST-ZIP	FORT LAUDERDALE, FL-33334
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)(f), 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:

Shrinivas

SHRINIWAS GANEDIWAL 2/26/2000

954-759-6954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)