

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022209

1. Entity Name

MINESH-CHETNA CORPORATION

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

04-14-2000 90095 035 ***155.00

Principal Place of Business

815 ORIENTA AVE., STE. 6
ALTAMONTE SPRINGS FL 32701

Mailing Address

815 ORIENTA AVE., STE. 6
ALTAMONTE SPRINGS FL 32701-5601

2. Principal Place of Business

920 E. ATLANTIC BLVD
Suite, Apt. #, etc.

3. Mailing Address

920 E. ATLANTIC BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FLORIDA

City & State

Pompano Beach, FLORIDA

4. FEI Number

65-0910079

Applied For

Not Applicable

Zip

Country

33060

U.S.A.

Zip

Country

33060

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, PRABODH C
815 ORIENTA AVE., STE. 6
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

VAGHELA PRAVIN

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

920 E. ATLANTIC BLVD

City

Pompano Beach

FL

Zip Code

33060

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

VAGHELA PRAVIN PRESIDENT *Vaghela*

4/8/00

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 PDS ☐ Delete
NAME VAGHELA, PRAVIN
STREET ADDRESS 815 ORIENTA AVE., STE. 6
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Vaghela VAGHELA PRAVIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00
Date

(954) 784 9615
Daytime Phone #

CR2E034 (9/99)