

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000025598**

1. Entity Name

CHIRAG INC. OF TAMPA

Principal Place of Business

**1506 SAMMONDS RD.
PLANT CITY FL 33567**

Mailing Address

**1506 SAMMONDS RD.
PLANT CITY FL 33567**

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

59-3563989

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAJESH, CHOUDHARY
1506 SAMMONDS RD.
PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name

Aarvind Kumar P. Patel

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

1400 Plantation Blvd Apt # 1215

City

Plant city

FL

Zip Code

33567

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01.05.019. 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SURESH, PATEL	
STREET ADDRESS	1506 SAMMONDS RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAJESH, CHOUDHARY	
STREET ADDRESS	1506 SAMMONDS RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DASHARATH, PATEL	
STREET ADDRESS	1506 SAMMONDS RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PATEL, PURSHOTAMDAS J	
STREET ADDRESS	1506 SAMMONDS RD.	
CITY-ST-ZIP	PLANT CITY FL 33567	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01.05.01**813 757 2443**

CR2E034 (10/00)