

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90203 022 ***150.00

DOCUMENT # P99000029013

1. Entity Name

SHIVA INC. OF TAMPABAY

Principal Place of Business

Mailing Address

TRIPLE JUMP STREET
 VALRICO FL 33594-8453

3807 TRIPLE JUMP STREET
 VALRICO FL 33594-8453

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

59-3569720

Applied For

Not Applicable

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

JAMBHEKAR, AJAY
3807 TRIPLE JUMP STREET
VALRICO FL 33594-8453

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Ajay Jambhekar (AJAY JAMBHEKAR)

813 6579051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SHIVA INC. OF TAMPA BAY

ID 59-356 9720

Attachment

432329

#P9900002903

7) TITLE :

DIRECTOR
~~DANIELA~~

NAME :

DAKSHA JADEJA

ADDRESS :

9311 CYPRESS BEND DRIVE
TAMPA, FL 33647

8) TITLE :

DIRECTOR

NAME :

BHAYNA BAVISHI

ADDRESS :

5958 19th ST N.E.
ST. PETERSBURG, FL 33703

9) TITLE :

DIRECTOR

NAME :

LAKSHMI SASTRY
18705 PEPPER PIKE
LUT2, FL 33549

10) TITLE :

DIRECTOR / REGISTERED AGENT

NAME :

AJAY JAMBHEKAR

ADDRESS :

3807 TRIPLE JUMP ST.
VALRICO, FL 33594

SIGNATURE :

Ajay Jambhekar

(AJAY JAMBHEKAR)