

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 16, 2000 8:00 am**
Secretary of State

03-16-2000 90082 025 ***150.00

DOCUMENT # P99000033896

1. Entity Name

UNLIMITED VENTURES INC.

Principal Place of Business

Mailing Address

**3052 7TH AVE. NORTH
ST. PETERSBURG FL 33713****3052 7TH AVE. NORTH
ST. PETERSBURG FL 33713-6602**

2. Principal Place of Business

451 34TH STREET N

Suite, Apt. #, etc.

3. Mailing Address

3052 7TH AVE N

Suite, Apt. #, etc.

ST. PETE FL

City & State

ST PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

33713

Country

USA

Zip

33713

Country

USA

4. FEI Number

59-3567412

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SINGH, SHANTIA
3052 7TH AVE. NORTH
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

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

SHANTIA SINGH - PRESIDENT**3/10/00**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **SHAM K. CHHABRIA**
STREET ADDRESS **DIRECTOR**
CITY-ST-ZIP **3052 7TH AVE N. ST. PETE 33713**TITLE ☐ Change ☒ Addition
NAME **CHAITNARINE SAM LALL**
STREET ADDRESS **DIRECTOR**
CITY-ST-ZIP **3052 7TH AVE N. ST. PETE 33713**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Shantia Singh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/00

Daytime Phone #

CR2F034 (9/99)