

# 01 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 11, 2001 8:00 am  
Secretary of State

04-18-2001 90103 005 \*\*\*150.00

DOCUMENT # **P99000045764** ✓

1. Entity Name

**A-Siddhi - World Corp.**

Principal Place of Business

Mailing Address

**2425 NE 135th St. #206  
North Miami, FL 33181**

2. Principal Place of Business

**Same as above**

3. Mailing Address

**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0931798**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Monica Gonzalez  
2425 NE 135th St. #206  
North Miami, FL 33181**

Name **Same**

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 **Monica Gonzalez**

Signature, typed or printed name of registered agent and when applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/11/01**

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, 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 **owner / Manager** ☐ Delete  
NAME **Monica Gonzalez**  
STREET ADDRESS **2425 NE 135th St. #206**  
CITY-ST-ZIP **North Miami, FL 33181**

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Delete  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Delete  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Delete  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Delete  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Delete  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

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: **Monica Gonzalez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/01 (305) 947-4235**

Date

Daytime Phone #

**or (305) 376-4916**

CR2E034 (11/00)