

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90041 012 \*\*\*158.75

**DOCUMENT # P99000064131**

1. Entity Name

**BHIMJI ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

4134 GULF TO MEXICO DR STE 302  
 LONGBOAT KEY FL 34228

4134 GULF TO MEXICO DR STE 302  
 LONGBOAT KEY FL 34228

2. Principal Place of Business

3. Mailing Address

601 EAST OAK ST.

601 EAST OAK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

SUITE C

City & State

City & State

KISSIMMEE FLORIDA

KISSIMMEE FLORIDA

Zip

Country

Zip

Country

34744

U.S.A

34744

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-359206

Applied For

Not Applied

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

**BHIMJI, RAMESH**  
 4134 GULF TO MEXICO DR STE 302  
 LONGBOAT KEY FL 34228

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

*[Signature]* **PRESIDENT**

1/31/00

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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BHIMJI, RAMESH</b>	
STREET ADDRESS	4134 GULF TO MEXICO DR STE 302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/>
NAME	<b>BHIMJI, RAMESH</b>		
STREET ADDRESS	601 E. OAK ST.		
CITY-ST-ZIP	KISSIMMEE FLORIDA 34744		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	<b>BHIMJI, ARUN</b>		
STREET ADDRESS	601 E. OAK ST.		
CITY-ST-ZIP	KISSIMMEE FL 34744		
TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	<b>BHIMJI, SHWJI</b>		
STREET ADDRESS	601 E. OAK ST.		
CITY-ST-ZIP	KISSIMMEE FL 34744		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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 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

*[Signature]* **SIGNATURE REQUIRED**

1/31/00

Date

407 847 2132

Daytime Phone #