

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**  
08-03-2000 90004 001 \*\*\*158.75

DOCUMENT # **P99000093602**

1. Entity Name

**SHRIJI KRUPA, INC.**

Principal Place of Business

Mailing Address

**409 MERCY PROFESSIONAL BLDG 409 MERCY PROFESSIONAL BLDG**  
**3661 SOUTH MIAMI AVE. 3661 SOUTH MIAMI AVE.**  
**MIAMI FLA. 33133. MIAMI FLA. 33133-4236**

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

**65-0956255**

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PARIKH DAKSHA	1601 SW 82nd Ct	MIAMI FLA. 33155.	<input type="checkbox"/>
STD	ZAVARI, BAKULA V.	6530 S.W 98th street	MIAMI FLA. 33156	<input type="checkbox"/>
UPD	PARIKH, BINITA H.	2501 South 118th COURT	MIAMI FLA 33125	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

**DAKSHA PARIKH**

**7/27/2000**

Date

**305-854-5971**

Daytime Phone #

CR2E034 (9/99)

(attachment)  
(Doc# P99000093602)

Doc 76230  
29

**ShriJi Krupa, INC.**  
409 Mercy Professional Building  
3661 South Miami Avenue  
Miami, Florida 33133  
(305)-854-5971, Fax (305)-858-6654

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July 27, 2000

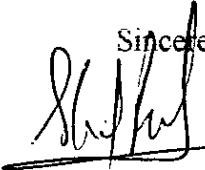
Florida Department of State  
Division of Corporations

To Ms. Tigcbora:

In this package I am enclosing the Uniform Business Report (UBR) form with a file fee of \$150. According to the information you gave me on the phone, I have included the form completely filled out. Since we never received the original form, I called you and requested for you to send me the appropriate forms. They are all included in this package. Enclosed a copy of your letter along with the forms. I apologize for any inconvenience but thank you for your understanding.

N.B. also Includ \$8.75 addnt fee  
for certificate of status desired.

Sincerely,



Shrikant Parikh  
Registered Agent  
ShriJi Krupa, Inc.

(attachment)  
(Doc# P99000093602)  
DOO 76229

SHRIKANT R. PARIKH  
409 MERCY PROFESSIONAL BLDG.  
3661 S. MIAMI AVE.  
MIAMI, FL. 33133

Request taken by: tigebora  
07-19-2000

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314