

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106948

1. Entity Name

AUM SAI, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90433 049 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Rte 3, Box 171 F

Rte 3, Box 171 F

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

LAKE CITY FL

City & State

LAKE CITY FL

4. FEI Number

59-3635792

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

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

Name: DILIP KAPADIA

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

HWY 441 & 41 SOUTH

Rte 3, Box 171 F

City

LAKE CITY

FL

Zip Code
32025

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

D
KAPADIA, DILIP
2500 HOLLYWOOD BLVD., SUITE 212
HOLLYWOOD FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
KAPADIA, DILIP
Rte 3, Box 171 F
LAKE CITY, FL 32025

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
GRANDHI, MAHESH
Rte 3, Box 171 F
LAKE CITY, FL 32025

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

904-752-7582

Daytime Phone #