

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90657 038 ***150.00

DOCUMENT # *P99000109440*

1. Entity Name
LITTLE INDIA RESTAURANT, INC.

Principal Place of Business
10225 NW 33RD ST.
CORAL SPRINGS, FL
33065

Mailing Address
10225 NW 33RD ST.
CORAL SPRINGS, FL
33065

2. Principal Place of Business
3111 CORAL SPRINGS DR.

3. Mailing Address
3111 CORAL SPRINGS DR.

Suite, Apt. #, etc.
211

City & State
CORAL SPRINGS FL

Zip
33065

Country

4. FEI Number
65-0969960

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

6. Name and Address of Current Registered Agent
SINGH, HARMINDER
10225 NW 33RD ST #1
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name
HARMINDER SINGH GILL
Street Address (P.O. Box Number is Not Acceptable)
3111 CORAL SPRINGS DR
211
City *CORAL SPRINGS* **FL** **Zip Code** *33065*

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	<i>PSTD</i>	<input type="checkbox"/> Delete	
NAME	<i>SINGH, HARMINDER</i>		
STREET ADDRESS	<i>10225 NW 33RD ST #1</i>		
CITY-ST-ZIP	<i>CORAL SPRINGS, FL 33065</i>		
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			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<i>PSTD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>HARMINDER SINGH GILL</i>		
STREET ADDRESS	<i>3111 CORAL SPRINGS DR #211</i>		
CITY-ST-ZIP	<i>CORAL SPRINGS, FL 33065</i>		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Harminder Singh Gill* **3/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)