

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90120 007 ***150.00

DOCUMENT # **999000110487**
 1. Entity Name
KINJAL INC OF TAMPA

Principal Place of Business
KINJAL INC OF TAMPA
4557 W. KENNEDY BLV
TAMPA, FL. 33609

Mailing Address
4557 W. KENNEDY BLV
TAMPA, FL 33609

B0039044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
KINJAL INC OF TAMPA
 Suite, Apt. #, etc.
4557 W. KENNEDY BLV
 City & State
TAMPA, FL
 Zip
33609

3. Mailing Address
KINJAL INC OF TAMPA
 Suite, Apt. #, etc.
4557 W. KENNEDY BLV
 City & State
TAMPA FL
 Zip
33609

4. FEI Number
59-3614279

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GOPIESH KUMAR. I. JANI
1417 S.E 9TH AVE
OACA FL 33471

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 **GOPIESH KUMAR. I. JANI** (PRESIDENT) **03/12/00**
 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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRESIDENT		NAME		
STREET ADDRESS	GOPIESH KUMAR. I. JANI		STREET ADDRESS		
CITY-ST-ZIP	1417 S.E 9TH AVE		CITY-ST-ZIP		
	OACA FL 33471				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **GOPIESH KUMAR. I. JANI** (PRESIDENT) **03/12/00** **(813) 246-2960**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)