

3/30/

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S73852**1. Entity Name  
**BALAJI, INC.****FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90318 024 \*\*\*150.00

Principal Place of Business

Mailing Address

101 W CARLTON ST  
WAUCHULA FL 33873101 W CARLTON ST  
WAUCHULA FL 33873

2. Principal Place of Business

101 W. CARLTON

3. Mailing Address

101 W. CARLTON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

WAUCHULA, FL.

City &amp; State

WAUCHULA, FL.

Zip

33873

Country

HARDER

Zip

33873

Country

HARDER

4. FEI Number

65-0279075

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOHAN, WITAM  
417 E MAIN STREET  
SUITE 4C  
WAUCHULA FL 33873Name **CHAUHAN KIRAN**

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

111 INGLIS WAY

City **WAUCHULA**

FL

Zip Code

33873

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  
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  
CHAUHAN, MANISH K.  
101 W. CARLTON ST.  
WAUCHULA FL ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHAUHAN, KIRAN  
817 E MAIN ST #4C  
CAUCHULA FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHAUHAN HARSH  
111 INGLIS WAY  
WAUCHULA, FL 33873 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHAUHAN, WITAM  
417 E MAIN ST SUITE 4C  
WAUCHULA, FL 33873 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHAUHAN, KIRAN  
111 INGLIS WAY  
WAUCHULA, FL 33873 PRESIDENT ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHAUHAN HARSH  
111 INGLIS WAY  
WAUCHULA, FL 33873 SECRETARY ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHAUHAN SANTIV  
101 W. CARLTON ST.  
WAUCHULA, FL 33873 DIRECTOR ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

CR2E034 (10/00)