

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92361

1. Entity Name

NIRMA, INC.

Principal Place of Business

8050 N ATLANTIC AVE  
CAPE CANAVERAL FL 32920

Mailing Address

108 E CENTRAL BLVD  
CAPE CANAVERAL FL 32920-2606  
US

2. Principal Place of Business

3525 Kroll Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zephyrhills

City & State

Zip

FL

Country

33541

Zip

Country

6. Name and Address of Current Registered Agent

PATEL, HARSHAD  
108 E CENTRAL BLVD  
CAPE CANAVERAL FL 32920

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	PVS	<input type="checkbox"/> Delete
NAME	PATEL, HARSHAD	
STREET ADDRESS	8050 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, HARSHAD	
STREET ADDRESS	8050 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATEL, RAJENDRA	
STREET ADDRESS	8050 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, MAHENDRAKUMAR	
STREET ADDRESS	8050 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
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	<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	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00

Date

407-783-8146

Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90073 044 \*\*\*150.00

CR2E034 (9/99)