

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90005 014 \*\*\*550.00

03/16/95

**DOCUMENT # V01085**

1. Entity Name  
**M.C. AND JYOTI SHAH, INC.**

Principal Place of Business      Mailing Address  
**9359 US HWY 19, NORTH**      **9359 US HWY 19, NORTH**  
**PINELLAS PARK FL 33782**      **PINELLAS PARK FL 33782**

**A0068989**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Pinellas Park, Fl.*

3. Mailing Address  
 Suite, Apt. #, etc.

City & State      City & State      4. FEI Number **65-0311224**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      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

SHAH, ASHWIN C 9359 US HWY 19 NO PINELLAS PARK FL 33782	Name	<i>Shailesh M. Choksi</i>	
	Street Address (P.O. Box Number is Not Acceptable)	<i>9359 US Hwy 19 N.</i>	
	City	<i>Pinellas Park</i>	FL Zip Code <i>33782</i>

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 *Shailesh Choksi*      *5/2/01*  
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.       **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	DV SHAH, M. C. 9359 US HWY. 19, NORTH PINELLAS PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAH, JYOTI 9359 US HWY. 19, NORTH PINELLAS PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHAH, ASHWIN C. 9359 US HWY. 19, NORTH PINELLAS PARK FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHAH, CHAMPAK C. 9359 US HWY. 19, NORTH PINELLAS PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T, S Shah, Champak C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *M.C. Shah*      *05/02/01*      *727-577-3838*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)