

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20742

1. Entity Name  
ASHWANI K. WADHWA, P.A.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90023 029 \*\*\*158.75

Principal Place of Business

Mailing Address

~~3844 PINE LAKE DR.~~  
~~WESTON FL 33332~~

~~3844 PINE LAKE DR.~~  
~~WESTON FL 33332~~

US 264 NW 102 TERR  
PLANTATION, FL. 33324

US 264 NW 102 TERR  
PLANTATION  
FL. 33324

2. Principal Place of Business

264 NW 102 TERR

3. Mailing Address

264 NW 102 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-0322819

Applied For

Not Applicable

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

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

WADHWA, ASHWANI K

~~3844 PINE LAKE DR.~~  
~~WESTON FL 33332~~

Name

ASHWANI K. WADHWA

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

264 NW 102 TERR

City

PLANTATION

FL

Zip Code

33324

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 replacing agent.)

DATE

4/24/01

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	D	<input type="checkbox"/> Delete
NAME	WADHWA, ASHWANI K	
STREET ADDRESS	3844 PINE LAKE DR.	
CITY-ST-ZIP	WESTON FL 33332	
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		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHWANI K. WADHWA	
STREET ADDRESS	264 NW 102 TERR	
CITY-ST-ZIP	PLANTATION, FL. 33324	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 954-423-2680

Date

Daytime Phone #

CR2E034 (10/00)