2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20742

1. Entity Name

SIGNATURE:

ASHWANI K. WADHWA, P.A.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90109 039 ***150.00

						WE .							
Principal Place of Business 264 NW 102 TERRACE PLANTATION FL 33324 US			264 NV	Mailing Address 264 NW 102 TERRACE PLANTATION FL 33324 US									
2. Principal F	Place of Busine	ess	3. Mailir	3. Mailing Address									
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City 8	City & State			4. F	4. FEI Number 65-0322819 Applied Not App				ed For	
Zip Country			Zip	Zip Coun			5. Certificate of Status Desired See Required Fee Required						
	6. Name a	and Address of Curi	ent Registered	Agent	1	a i i Prija da ja daren		Name and Ad	dress of N	w Register	red Agent		
						Name							
WADHWA	A, ASHWANI I	K		Chanak Adda			(0.0.0	O (DO Day Myster is Not Assessed in St.					
	102 TERRACI			Street Addre			ress (P.O. B	ss (P.O. Box Number is Not Acceptable)					
	ION FL 3332			Ì									
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	^ /					City				į	FL Zip (Code	
8. The above	e named exitty	submits this stateme	nt for the purpos	se of changing its r	egistere	d office or reg	gistered age	ent, or both, ir	the State o	f Florida.	am familiar w	rith, and	daccept
the obligat	tions of egiste	red agent.									, ,	_	
CICNIATURE	\mathcal{V}	Jan	M	_						9.1	9/0	Ζ,	
SIGNATURE	Signature, typed or	printed name of registered a	igent and title if applic	oble. (NOTE:	Registered	Agent signature re	equired when re	instating)		- 6A	TE		
	II E MOMENI	FFF 10 64F6 66									nus		
		FEE IS \$150.00 Fee will be \$550.	00					9. Electio	n Campaig	n Financing	\$	5.00	May Be
		Florida Departmer						Trust F	und Contrib	ution.		ided to	
10.			ND DIRECTOR	<u> </u>	11.			DITIONS ICH	ANCECTO	OFFICERS	AND DIDECT	ODC IN	1 4 4
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12. Thereby o	certify that the i	nformation supplied	with this filing de	nes not qualify for t	he exem	ntion stated i	in Section 1	19.07(3Vi) El	orida Statut	es I further	certify that th	a inform	mation
indicated	on this report	or-supplemental repo	rt is true and ac	curate and that my	signatu	re shali have	the same le	egal effect as	it made und	ler oath; tha	it I am an offic	cer or d	lirector
changed,	or on an attac	nformation supplied or supplemental repo receiver or trustee en hment with an agrires	npowered to ex ss, with all other	ecute this report a: Tike empowered.	s require	u by Chaptei	r 607, Florid	ia Statutes; ar	na that my n	ame appea	rs in Block 10	or Blo	CK 11 if