## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR** V42452

**DOCUMENT #** 1. Entity Name

HARI AUM, INC.



**FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90132 021 \*\*\*150.00

						GOO WE	180						
Principal Place of Business HOWARD JOHNSON 301 E 23RD ST PANAMA CITY FL 32405 US			Mailing Address 301 E 23RD ST PANAMA CITY FL 32405 US										
2. Principal Place of Business			3. Mailing Address						<b>3  0   6 0  </b>     1		HARIA BIBAH	BIOSI BIBLE B	<b>i</b> ii iiiii 1001
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number 59-3162242 Applied For Not Applicable					
Zip Country			Zip	Zip Coun			-	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered	d Agent				7. Name and	Address of	New Registe	red Ag	ent	
PATEL M	anisha B.				Name	N/A:							
301 E 23F	RD ST.	Stre			Street Ac	Address (P.O. Box Number is Not Acceptable)							
Panama (	CITY FL 324	05				ļ							
		•.			City					FL	Zip Cod	э .	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Tr	ection Campa ust Fund Cont	ribution.		Added	<b>0</b> May Be to Fees
10.		. OFFICERS AND	DIRECTOR	RS	11.			ADDITIONS	CHANGES TO	O OFFICERS	AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PATEL, MA 301 E 23RI PANAMA C			☐ Delete			r					] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, JITI 4111 W. HI PANAMA C	NY 98		☐ Delete		ľ	<u>_</u>			: ++		] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHAH, MAI 301 E. 23R PANAMA C			☐ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHIKHU, PA 4111 W. HV PANAMA C	VY. 98		☐ Delete								] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				+-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								] Change	Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: