

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
 03-20-2001 90019 022 ***150.00

0548573

DOCUMENT # H80090

1. Entity Name
NAYANA, INC.

| | |
|--|---|
| Principal Place of Business GOLDEN EAGLE PLAZA HOMOSASSA FL 34448 US | Mailing Address 2380 NW US-19 CRYSTAL RIVER FL 34428 US |
|--|---|

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2680644** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PATEL, KAMLESH N.
 3921 N SEMINOLE TP
 CRYSTAL RIVER FL 34429**

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, 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 | PATEL, KAMLESH N. |
| STREET ADDRESS | 507 NW 9TH AVE |
| CITY-ST-ZIP | CRYSTAL RIVER FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | DESAI, P. G. |
| STREET ADDRESS | 507 NW 9TH AVE |
| CITY-ST-ZIP | CRYSTAL RIVER FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | IYER, H. V. |
| STREET ADDRESS | 80 GREENTREE ST. SMW |
| CITY-ST-ZIP | HOMOSASSA FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | PATEL, MAYUR N |
| STREET ADDRESS | 2380 NW HWY 19 |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34428 |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| 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: *Mayur N Patel* 03/16/01 352/795/2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)