

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90036 045 ***150.00

DOCUMENT # P02000035554

1. Entity Name

RAMADEV INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13771 SOUTH US HWY 441

3. Mailing Address

13771 SOUTH US HWY 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

4. FEI Number

30-0073330

Applied For

Not Applicable

Zip
32025

Country

Zip
32025

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name PATEL, JAYANTI M.

Street Address (P.O. Box Number is Not Acceptable)
13771 SOUTH US HWY 441

City LAKE CITY

FL

Zip 32025

DO NOT WRITE IN THIS SPACE

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

JAYANTI M. PATEL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	TITLE	
NAME	PATEL, JAYANTI M	NAME	
STREET ADDRESS	13771 SOUTH US HWY 441	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	PATEL, JIGNESH	NAME	
STREET ADDRESS	13771 SOUTH US HWY 441	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAYANTI M PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

386-752-7582

Daytime Phone #

CR2E034B (12/02)