

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90073 033 ***150.00

DOCUMENT # P96000073195**1. Entity Name****VASUDEV INC****Principal Place of Business****4132 N TAMiami TRAIL
SARASOTA FL 34234****Mailing Address****4132 N TAMiami TRAIL
SARASOTA FL 34234****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 65-0708214

Applied For

Not Applicable

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****PATEL, DIVYESHKUMAR R
4132 N TAMiami TRAIL
SARASOTA FL 34234**

Name

PATEL, RAMESHBHAI .S.

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

4132 N TAMiami TRAIL

City

SARASOTA**FL**

Zip Code

34234**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.

PATEL RAMESHBHAI .S.**PRESIDENT**

(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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIVYESHKUMAR, PATEL 4132 N TAMiami TRAIL SARASOTA FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, RAMESHBHAI S 4132 N TAMiami TRAIL SARASOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

PATEL RAMESHBHAI .S.

Date

1/28/01

Daytime Phone #

941-359-0758

CR2E034 (10/00)