

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004131

1. Entity Name

BOCHASANWASI SHREE AKSHAR PURUSHOTTAM SWAMINARAY

Principal Place of Business

3518 CLARKSTON INDUSTRIAL LVD  
CLARKSTON GA 30021-1307

Mailing Address

3518 CLARKSTON INDUSTRIAL LVD  
CLARKSTON GA 30021-1307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TRIVEDI, JAYFRAKASH  
5 PALM COURT  
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name JITENDRA A. PATEL

Street Address (P.O. Box Number is Not Acceptable)  
7300 S.W. 10TH STREET

City PLANTATION

FL Zip Code 33317

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.

SECRETARY/TREASURER

DATE

8/23/01

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PATEL, SHRI K  
STREET ADDRESS 230 CHURCH ST  
CITY-ST-ZIP LODI NJ ☒ Delete

TITLE VD  
NAME PATEL, SHRI M  
STREET ADDRESS 824 FOWLER CIRCLE  
CITY-ST-ZIP BIRMINGHAM AL ☒ Delete

TITLE STD  
NAME PATEL, SHRI S  
STREET ADDRESS 605 MEDINAH DR.  
CITY-ST-ZIP MARTINEZ GA ☒ Delete

TITLE CD  
NAME BAROT, SHRI R  
STREET ADDRESS 2424 S.E. 37TH ST.  
CITY-ST-ZIP OCALA FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT  
NAME PATEL, SHANKAR  
STREET ADDRESS 109 GEERS DRIVE (109)  
CITY-ST-ZIP LEBANON TN-37087 ☒ Change ☐ Addition

TITLE VICE-PRESIDENT  
NAME PATEL, MAHENDRA  
STREET ADDRESS 824 FOWLER CIRCLE  
CITY-ST-ZIP BIRMINGHAM AL-35215 ☒ Change ☐ Addition

TITLE DIRECTOR  
NAME PATEL, KANTI, DR.  
STREET ADDRESS 110 STONERIDGE ROAD  
CITY-ST-ZIP SALESBURY NC-28145 ☒ Change ☐ Addition

TITLE DIRECTOR  
NAME PATEL, HARISH  
STREET ADDRESS 206 LONDON DERRY DRIVE  
CITY-ST-ZIP LUMBERTON NC 28358 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED

8/23/01 954-921-3900

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90060 004 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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