

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90012 049 ***155.00

DOCUMENT # F99000002265

1. Entity Name

BRUHASPATI, INC.

Principal Place of Business

**7415 HWY 77
SOUTH PORT FL 32409**

Mailing Address

**PO BOX 45
LYNN HAVEN FL 32444**

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

56-2010789

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

**SHAH, BHADRESH L
7415 HWY 77
SOUTH PORT FL 32409**

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.

SHAH BHADRESH L

(NOTE: Registered Agent signature required when reinstating)

01-09-02

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, 2002 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 **PD** ☐ Delete
NAME **SHAH, BRADRESHKUMAR L**
STREET ADDRESS **7415 HIGHWAY 77**
CITY-ST-ZIP **SOUTHPORT FL 34209**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **SHAH, KAMLESH P**
STREET ADDRESS **603 WEDNESBURY BLVD.**
CITY-ST-ZIP **CHARLOTTE NC 28262**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **SHAH, REKHA B**
STREET ADDRESS **925 FLORIDA AVE.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE RESHAH BHADRESH L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-02


Date

850-2653477

Daytime Phone #

CR2E034 (9/01)

Attachment

 Department of the Treasury
Internal Revenue Service
915 Second Ave.
MS W452
Seattle, WA 98174

In reply refer to: # F99000002265
March 06, 2001
56-2136727 000

708702

1-800-829-1040

BRUHASPATI INC
7415 HWY 77
SOUTHPORT, FL 32409-1638 158

Taxpayer Identification Number: 56-2136727

Form(s):

Dear BRUHASPATI INC

IN REPLY TO YOUR INQUIRY ON 03/06/01 , THE TIN LISTED ABOVE IS THE TAX IDENTIFICATION NUMBER YOU SHOULD USE ON ALL FUTURE TAX DEPOSITS, TAX RETURNS, AND BANKING PURPOSES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT THE NUMBER ABOVE.

Sincerely,

Miss. DAWN WATKINS
91-5364
Customer Service Representative