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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-17-2001 90095 009 ***150.00

DOCUMENT # H27218

1. Entity Name
SHIVA CORPORATION

Principal Place of Business	Mailing Address
7050 OKEECHOBEE RD. FT. PIERCE FL 34945	7050 OKEECHOBEE RD. FT. PIERCE FL 34945

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2463872 — 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, RAJENDRA R.~~ ~~7050 OKEECHOBEE RD~~ ~~FT. PIERCE FL 34945~~	Name PATEL, ROOSHABH Street Address (P.O. Box Number is Not Acceptable) 7050 OKEECHOBEE ROAD City FT. PIERCE FL Zip Code 34945

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] ROOSHABH R. PATEL PRESIDENT 5/08/2001
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	PS ☒ Delete	TITLE	PSO ☐ Change ☒ Addition
NAME	PATEL, RAJENDRA R.	NAME	PATEL, ROOSHABH
STREET ADDRESS	7050 OKEECHOBEE RD	STREET ADDRESS	7050 OKEECHOBEE ROAD
CITY-ST-ZIP	FORT PIERCE FL 34945	CITY-ST-ZIP	FT. PIERCE, FL 34945
TITLE	VT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATEL, GITA	NAME	
STREET ADDRESS	7050 OKEECHOBEE RD	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34945	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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] GITA J. PATEL 4/09/01 561-465-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #