

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H80090**

1. Entity Name

**NAYANA, INC.****FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90119 008 \*\*\*150.00

Principal Place of Business

**GOLDEN EAGLE PLAZA  
HOMOSASSA FL 34448  
US**

Mailing Address

**2380 NW US-19  
CRYSTAL RIVER FL 34428-6114  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2680644**Applied For  
Not Applicable5. 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, KAMLESH N.  
3921 N SEMINOLE TP  
CRYSTAL RIVER FL 34429**

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.

(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, 2000 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, KAMLESH N.</b>	
STREET ADDRESS	<b>507 NW 9TH AVE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DESAI, P. G.</b>	
STREET ADDRESS	<b>507 NW 9TH AVE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>IYER, H. V.</b>	
STREET ADDRESS	<b>80 GREENTREE ST. SMW</b>	
CITY-ST-ZIP	<b>HOMOSASSA FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, MAYUR N</b>	
STREET ADDRESS	<b>2380 NW HWY 19</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34428</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mayer N Patel**Jan 26 2000 352-795-2111*