

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005650

DOCUMENT # J52501

*Amended*

1. Entity Name

BHANA CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 AM 11:27

Principal Place of Business

2015 S. ATLANTIC AVE  
DAYTONA BCH FL 32018  
US

Mailing Address

2015 S. ATLANTIC AVE  
DAYTONA BCH FL 32018  
US

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 59-2773263

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BHANA, GITESH N  
2015 S. ATLANTIC AVE  
DAYTONA BEACH FL 32018

7. Name and Address of New Registered Agent

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, 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

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	PATEL, P C	
STREET ADDRESS	1211 N BELT HWY	
CITY-ST-ZIP	ST JOSEPH MO 64506	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	PATEL, ELABEN	
STREET ADDRESS	1211 N BELT HWY	
CITY-ST-ZIP	ST JOSEPH MO 64506	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	BHANA, KAWSALYA	
STREET ADDRESS	2015 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA FL 32118	
TITLE	VCEO / DD, TD / SD	<input type="checkbox"/> Delete
NAME	BHANA, GITESH N	
STREET ADDRESS	2015 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA FL 32118	
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	100004655311--0	
STREET ADDRESS	-10/26/01--01067--017	
CITY-ST-ZIP	*****61.25 *****61.25	
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
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 #

CR2E034 (10/00)