

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90114 008 \*\*\*150.00

DOCUMENT # K62079

1. Entity Name

BHAIRAVI INC.



**DO NOT WRITE IN THIS SPACE**

90063693

2. Principal Place of Business

841 N KROME AVE

Suite, Apt. #, etc.

3. Mailing Address

841 N KROME AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMESTEAD FL 33030

City & State

HOMESTEAD FLORIDA

4. FEI Number

65 0098277

Applied For

Not Applicable

Zip

33030

Country

U.S.A

Zip

33030

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RASHMIKANT C PATEL

Street Address (P.O. Box Number is Not Acceptable)

841 N KROME AVE

City

HOMESTEAD

FL

Zip Code

33030

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
RASHMIKANT C PATEL  
841 N KROME AVE  
HOMESTEAD FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deputy RASHMIKANT C PATEL

3/26/03

305 247 2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)