## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # L51543** RADHA KRUPA, INCORPORATION -24-2001 90344 015 \*\*\*150.00 Principal Place of Business Mailing Address % ASHITKUMAR J, PATEL % ASHITKUMAR J. PATEL 5523 AMBASSADOR DRIVE 5523 AMBASSADOR DRIVE **7179**0 TAMPA FL 33615-4154 TAMPA FL 33615-4154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3014389 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DARSHAK J. PATEL Street Address (P.O. Box Number is Not Acceptable) 5523 AMBASSADOR DRIVE **TAMPA FL 33615** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition PATEL, DARSHAK J NAME NAME 5523 AMBASSADOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tampa fl 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 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-\$T-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition