

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90324 016 ****61.25

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DOCUMENT # N93000002738

1. Entity Name

GUJARATI SAMAJ OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**2407 EAST MALL DR.
FORT MYERS FL 33901**

Mailing Address

**2407 EAST MALL DR.
FORT MYERS FL 33901**

2. Principal Place of Business

3. Mailing Address

11501 S. Cleveland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS, FL

Zip

Country

Zip

Country

33907

USA

4. FEI Number **65-0428698**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VYAS, MUKESH
406 S.E. 20TH COURT
CAPE CORAL FL 33990**

Name

PATEL, RAKESH

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

11501 S. CLEVELAND AVE

City

FT. MYERS

FL

Zip Code

33907

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	PATEL, RAJANIKANT	
STREET ADDRESS	2621 1ST ST.	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PATEL, BHUPENDRA	
STREET ADDRESS	1832 SE 7TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VYAS, MUKESH	
STREET ADDRESS	406 S.E. 20TH COURT	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATEL, HEMENT	
STREET ADDRESS	3714 SE 3RD AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, RAJ	
STREET ADDRESS	3940 METRO PKWY	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, GIRISH	
STREET ADDRESS	3685 UNMIEN AVE EZT #911	
CITY-ST-ZIP	FORT MYERS FL 33916	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAKESH PATEL	
STREET ADDRESS	11501 S. Cleveland Ave	
CITY-ST-ZIP	FORT MYERS, FL 33907	
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		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (10/02)