

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90010 014 \*\*\*\*61.25

DOCUMENT # N94000005175

1. Entity Name

SHAKTIKRUPA CHARITABLE FOUNDATION, INC.

Principal Place of Business

2240 BELLEAIR RD #160  
CLEARWATER FL 33764  
US

Mailing Address

2240 BELLEAIR RD #160  
CLEARWATER FL 33764  
US

2. Principal Place of Business

6800 N. Dale Mabry Hwy

Suite, Apt. #, etc.  
Suite 268

City & State  
Tampa, Florida

Country  
USA

3. Mailing Address

6800 N. Dale Mabry Hwy

Suite, Apt. #, etc.  
Suite 268

City & State  
Tampa Florida

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3298820

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, MOORE & O'CONN P  
2240 BELLEAIR RD #160  
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name SANDIP I. PATEL, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)  
6800 N. Dale Mabry Hwy #268

City Tampa

FL

Zip Code 33614

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

*Sdp I Patel*

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, KIRAN C	
STREET ADDRESS	2240 BELLEAIR RD #160	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KHANT, RAVI	
STREET ADDRESS	2240 BELLEAIR RD. #160	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEEPAK SHAH	
STREET ADDRESS	2240 BELLEAIR RD. #160	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ASHWIN MEHTA	
STREET ADDRESS	2240 BELLEAIR RD. #160	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kiran C. Patel	
STREET ADDRESS	6800 N. Dale Mabry Hwy, Suite 268	
CITY-ST-ZIP	Tampa Florida 33614	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ravi Khant	
STREET ADDRESS	6800 N. Dale Mabry Hwy, Suite 268	
CITY-ST-ZIP	Tampa Florida 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashwin mehta	
STREET ADDRESS	6800 N. Dale Mabry Hwy, Suite 268	
CITY-ST-ZIP	Tampa, Florida 33614	
TITLE	PALLIVI PATEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALLIVI PATEL	
STREET ADDRESS	6800 N. Dale Mabry Hwy, Suite 268	
CITY-ST-ZIP	Tampa, Florida 33614	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kiran Patel*

4/28/01

Date

Daytime Phone #

CR2E037 (10/00)