

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90747 050 ****61.25

DOCUMENT # N94000005175

1. Entity Name

SHAKTIKRUPA CHARITABLE FOUNDATION, INC.



Principal Place of Business

**6800 N. DALE MABRY HWY
STE 268
TAMPA FL 33614
US**

Mailing Address

**6800 N. DALE MABRY HWY
STE 268
TAMPA FL 33614
US**

2. Principal Place of Business

3105 West Waters Avenue

3. Mailing Address

3105 West Waters Avenue

Suite, Apt. #, etc.

Suite 315

Suite, Apt. #, etc.

Suite 315

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33614

Country

USA

Zip

33614

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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, ESQ. SANDI I
6800 N. DALE MABRY HWY #268
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name **SANDIP I. PATEL, ESQ.**

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

**3105 West Waters Avenue Suite 315
City Tampa FL Zip 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sdp I Patel**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/03
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

TITLE **D** ☐ Delete
NAME **PATEL, KIRAN C**
STREET ADDRESS **6800 N. DALE MABRY HWY, STE 268**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **PD** ☐ Delete
NAME **KHANT, RAVI**
STREET ADDRESS **6800 N. DALE MABRY HWY, STE 268**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **SD** ☐ Delete
NAME **ASHWIN MEHTA**
STREET ADDRESS **6800 N. DALE MABRY HWY., STE. 268**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☐ Delete
NAME **PALLAYI, PATEL**
STREET ADDRESS **6800 N. DALE MABRY HWY., SUITE 268**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Patel, Kiran C.**
STREET ADDRESS **3105 West Waters Avenue, Suite 315**
CITY-ST-ZIP **Tampa FL 33614**

TITLE **PD** ☒ Change ☐ Addition
NAME **Khant, Ravi**
STREET ADDRESS **3105 West Waters Avenue Suite 315**
CITY-ST-ZIP **Tampa, FL 33614**

TITLE **SD** ☐ Change ☐ Addition
NAME **Ashwin mehta**
STREET ADDRESS **3105 West Waters Avenue, Suite 315**
CITY-ST-ZIP **Tampa FL 33614**

TITLE **D** ☐ Change ☐ Addition
NAME **Patel, Pallavi**
STREET ADDRESS **3105 West Waters Avenue Suite 315**
CITY-ST-ZIP **Tampa FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/29/03

839319974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)