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

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

0044414

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

DOCUMENT # N94000005175

1. Entity Name
SHAKTIKRUPA CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
6800 N. DALE MABRY HWY STE 268 TAMPA FL 33614 US	6800 N. DALE MABRY HWY STE 268 TAMPA FL 33614 US

2. Principal Place of Business	3. Mailing Address
3105 West Waters Avenue	3105 West Waters Avenue
Suite 315	Suite 315
Tampa, FL	Tampa, FL
33614 / USA	33614 / 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 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sdp Patel — 4/29/03 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PALLAVI, 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		

CR2E037 (10/02)

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 — 8139319924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #