

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90153 006 \*\*\*70.00

DOCUMENT # *N95000005851*

1. Entity Name

*PANAMA HINDU INDIAN, INC*



**DO NOT WRITE IN THIS SPACE**

80063762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

*59-3333884*

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *SHAH MAHESH D.*

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

*504 PARKWOOD DRIVE*

City

*PANAMA CITY*

FL

Zip Code

*32405*

**DO NOT WRITE  
IN THIS SPACE**

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 *FOR SHAH MAHESH D.*

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

*D.V. PATEL*

(NOT Registered Agent signature required when reinstating)

*3/25/03*

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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 *PRESIDENT*  
NAME *MAHESH D. SHAH* *FL-32405*  
STREET ADDRESS  
CITY-ST-ZIP *504 PARKWOOD DR. PANAMA CITY.*

TITLE *SECRETARY*  
NAME *RAMESH PATEL*  
STREET ADDRESS *510 PARKWOOD DR. PANAMA CITY*  
CITY-ST-ZIP *FL 32405*

TITLE *TREASURER*  
NAME *BIPIN BHAKTA*  
STREET ADDRESS *3 PALMETTO DR. MARY ESTHER*  
CITY-ST-ZIP *FL 32569*

TITLE *DIRECTOR*  
NAME *DAHYABHAI V. PATEL* *FL 32444*  
STREET ADDRESS *2025 N. HARBOR DR. LYNN HAVEN*  
CITY-ST-ZIP

TITLE *DIRECTOR*  
NAME *PRAVIN CHAUHAN*  
STREET ADDRESS *39 OLD HWY 98*  
CITY-ST-ZIP *DESTIN; FL 32541*

TITLE *DIRECTOR*  
NAME *SUMANT PATEL*  
STREET ADDRESS *2891 TUPELO DRIVE*  
CITY-ST-ZIP *PANAMA CITY, FL 32405*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *D.V. PATEL* *DAHYABHAI V. PATEL* *DIRECTOR* *3/25/03* *850-265-6535*

CR2E037B (12/02)