

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-24-2001 90500 012 ***150.00

DOCUMENT # P00000002306

1. Entity Name
BHAVANI, INC.

Principal Place of Business Mailing Address
1300 PONCE DE LEON BLVD. **1300 PONCE DE LEON BLVD.**
ST. AUGUSTINE FL 32084 **ST. AUGUSTINE FL 32084**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. # etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

4. FEI Number **59-3710636** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **JYOTSNA PATEL**
 Street Address (P.O. Box Number is Not Acceptable)
1300 N. PONCE DE LEON BLVD
 City **ST. AUGUSTINE** FL **32084**

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 *[Signature]* Sec Filer **5/19/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NARENDRA PATEL	
STREET ADDRESS	1300 N. PONCE DE LEON BLVD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	VP, S, T	<input type="checkbox"/> Delete
NAME	JYOTSNA PATEL	
STREET ADDRESS	1300 N. PONCE DE LEON BLVD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* Sec Filer **5/19/01** **904-806-2114**
 Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2034 (10/00)