

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-10-2001 90117 028 ***550.00

DOCUMENT # P00000027513

1. Entity Name
ARCHANA HOSPITALITY, INC.



Principal Place of Business Mailing Address
2086 HIGHWAY 71 2086 HIGHWAY 71
MARIANA FL 32447 MARIANA FL 32447



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59 363 1851** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTERS, ELIZABETH J
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BHAKTA, JITENDRA	
STREET ADDRESS	2086 HIGHWAY 71	
CITY-ST-ZIP	MARIANA FL 32447	
TITLE	D	<input type="checkbox"/> Delete
NAME	BHAKTA, ARUNBHAI	
STREET ADDRESS	2086 HIGHWAY 71	
CITY-ST-ZIP	MARIANA FL 32447	
TITLE	D	<input type="checkbox"/> Delete
NAME	BHAKTA, MAHESHKUMAR	
STREET ADDRESS	2086 HIGHWAY 71	
CITY-ST-ZIP	MARIANA FL 32447	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, MOHANBHAI	
STREET ADDRESS	2086 HIGHWAY 71	
CITY-ST-ZIP	MARIANA FL 32447	
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"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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 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 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 OF ELIZABETH J WALTERS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-01 **8505265666**
 Date Daytime Phone #

CR2E034 (5/01)