

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Apr 05, 2001 8:00 am
Secretary of State

03-21-2001 90009 023 ***150.00

DOCUMENT # P000000 47732

1. Entity Name

SHREE RAM OF MANATEE INC

Principal Place of Business

Mailing Address

6309 15th ST East

Sarasota FL-34243

2. Principal Place of Business

3. Mailing Address

6309 15th ST East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL-34243

Zip

Country

Zip

Country

4. FEI Number

65-1007264

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

34499

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUTAM KUMAR A PATEL

Name JEETENDRA A PATEL

6309 15th ST East

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

Sarasota FL-34243

6309, 15TH ST. EAST,

City SARASOTA

FL

Zip Code 34243

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

G.A. Patel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/01

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 \$150.00

After MAY 1, 2001 Fee will be \$550.00
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 NAME VI JEETENDRA A PATEL ☐ Delete
STREET ADDRESS 6309 15th ST EAST
CITY-ST-ZIP Sarasota FL-34243

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

TITLE NAME PD DHAVAL G. PATEL ☐ Delete
STREET ADDRESS 6309 15th ST EAST
CITY-ST-ZIP Sarasota FL-34243

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

G.A. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01

Date

Daytime Phone #

CR2034 (11/00)