

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 16 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000069832**
1. Entity Name
SWAMINARAYAN DABHAN, INC.

DO NOT WRITE IN THIS SPACE

900006471169--1
-07/17/02--01056--020
***150.00 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 104 Joyce Dr. Suite, Apt. #, etc.		3. Mailing Address 104 Joyce Dr. Suite, Apt. #, etc.	
City & State Bennettsville SC	City & State Bennettsville SC	4. FEI Number 59-3660275	Applied For Not Applicable
Zip 29512	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name PATEL UMESH	
Street Address (P.O. Box Number is Not Acceptable) 1025 S. SEMORAN BLVD.	
SUITE 1093	
City Winter Park	FL Zip Code 32792

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP HITENDRA PATEL 104 JOYCE DR. BENNETTSVILLE SC 29512	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02

843-479-3516

Date

Daytime Phone #

CR2E034B (12/01)

COPY

Swaminarayan Dabhan, Inc.
C/O Hitendra Patel
104 Joyce Drive
Bennettsville, SC 29512

May 2, 2002

Division of Corporations
PO Box 6327
Tallahassee, Fla. 32314

Dear Division of Corporations:

We submitted and paid our \$150.00 annual fee for the 2001 year. Our check was negotiated by you. We heard no further word and received no forms, but now we understand that we were dissolved on 9/21/01. Please reinstate us. Our UBR for 2002 is enclosed along with our check for 2002 of \$150.00. Please honor it for the 2002 year. You already have our 2001 fee.

Sincerely,

Swaminarayan Dabhan, Inc.



Hitendra Patel, President