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

## DOCUMENT # POODO

SWAMINARAYAN DABHAN, INC.

**FILED** Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90683 036 \*\*\*150.00

	DO NOT WRITI	E IN THIS	SPAC	E	94051065
Principal Place of Business     104 JOYCE DRIVE		3. Mailing Address 104 JOYCE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State BENNETTSVILLE, SC		City & State BENNETTSVILLE, SC			4. FEI Number 59-3660275 Applied For Not Applied
Zip 29512	Country USA	Zip 29512	Coun USA	•	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name				Name 54-	7. Name and Address of Current Registered Agent
	DO NOT W			<b></b>	EL, UMESH
	IN THIS S	PACE		<del></del>	EMORAN BLVD, SUITE 1093
			*	City WINTE	ER PARK FL Zip Code 32792
SIGNATURE	Signature, lyted or britted name of registered age nuary 1 - May 1 Fee is \$150.00	nt and title it applicable.	(NOTE: Registere	d Agent signature requirer	red when reinstating) DATE
Make Check	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	* * * * * * * * * * * * * * * * * * * *			9. Election Campaign Financing \$5.00 May B Trust Fund Contribution.  Added to Fees
10.	OFFICERS AN	D DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HITENDRA PATEL 104 JOYCE DRIVE BENNETTSVILLE, SC 29	9512	1.3		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. 2 - 5. 1 18. 1. 1 26. 1. 1	-		NO. 6 No. 18 No. 18	
TITLE NAME STREET ADDRESS			TITLU NAM STRE		DO NOT WRITE
CITY-ST-ZIP TITLE NAME	-		CITY TITÚ NAM	January 1944 Berlin in	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		4	
TITLE NAME STREET ADDRESS			TITLI NAM STRE	1 - 3 <b>4</b> 3 3 4 <b>- 1</b> 2 3 5 5	

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/04

Daytime Phone #