


FILED
May 16, 2003 8:00 am
Secretary of State

04-22-2003 90044 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <i>P00000069832</i>			
1. Entity Name SWAMINARAYAN DABHAN, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 104 JOYCE DR.		3. Mailing Address 104 JOYCE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BENNETTSTVILLE, SC		City & State BENNETTSTVILLE, SC	
Zip 29512		Zip 29512	
Country USA		Country USA	
4. FEI Number 59-3660275		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when forming)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HITENDRA PATEL - <i>President</i> 104 JOYCE DR. BENNETTSTVILLE, SC 29512	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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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DO NOT WRITE IN THIS SPACE			
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: <i>H Patel</i>		03/19/03 843-479-3516	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)