DOCUMENT #P00000087188

1. Entity Name

NEELKANTH ENTERPRISES INC.



FILED

03 MAY -5 AM 9:01

SECRETARY OF STATE FALLAHASSES, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address 809 N CITRUS AVE Suite, Apt. #, etc.			
1409 CR 470				
Suite, Apt. #, etc.				
City & State	City & State			

DO NOT WRITE IN THIS SPACE

City & State
LAKE PANASOFFKEE, FL.

CRYSTAL RIVER, FL.

Country

Zip
33538

Country

Country

Zip
34428

City & State
CRYSTAL RIVER, FL.

Country

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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
ame
PATEL, ARVIND N

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

809 N CITRUS AVE

CRYSTAL RIVER

FL 3442

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

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

(NOTE: Registered Agent signature required when reinstation)

04/28/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Check Payable to Florida Department of 3

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

	Amended UBK is \$61.25 Payable to Florida Department of State		Irus	st Fund Contribution.	ليا	Added to Fees
10.	OFFICERS AND DIRECTORS		ng garagagan ang 1994 an	医动物 医硬性 医毒素等毒素		化成果水体医乳腺素 医皮肤病病
STREET ADDRESS 8	PATEL, ARVIND N 309 N CITRUS AVE CRYSTAL RIVER, FL 34428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	21	300189		22
TITLE V NAME E STREET ADDRESS 1	PATEL, BHAILAL RAIJI 2802 MIRAMAR PLACE PAMPA, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/1	4703==01039 -	=011	**308;75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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: 2 A/21

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

Daytime Phone #

CR2E034B (12/02

attachment

#pg1000088000

NEELKANTH ENTERPRISES INC 809 N CITRUS AVE CRYSTAL RIVER, FL 34428

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P O BOX 1500 TALLAHASSEE, FL 32302-1500

> DOC # P96000088000 UBR 2003

We enclose the form UBR for the year 2003. We have not received your original form from the department of State.

We were surprised to know that our corporation was dissolved administratively. We enclose the copies of the forms and checks for the year 2001 and 2002. For the year 2001, we enclose the copy of the bank statement. In the highlighted it shows that the check was cashed. We could not trace out the information of the check for year 2002.

The whole thing was messed up because the Lake Panasoffkee is the small village, mostly the mail is delivered based on P O Box number. Some times we miss the mail, if it is addressed based on the location. Probably all your correspondence was lost in transit or wrongly delivered somewhere. That is why, now we changed the Mailing address in the new form.

We request you to excuse and not to charge any penalty as we have not done any mistake intentionally and filed the forms in time as per the copies enclosed.

To avoid the problems we enclose a check of \$308.75 towards the fees for two years 2002 and 2003. And we take necessary steps, not to do this mistake in future.

Thank you, we appreciate your cooperation.

ARVIND Padel

President

April 27, 2003