

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

0118669 AT

08-20-2001 90077 008 ***550.00

DOCUMENT # P00000105731			
1. Entity Name SHIV INDUSTRIES, INC.			
Principal Place of Business 38722 SOUTH AVE. ZEPHRHILLS FL 33540		Mailing Address 38722 SOUTH AVE. ZEPHRHILLS FL 33540	
2. Principal Place of Business SHIV INDUSTRIES INC.		3. Mailing Address	
Suite, Apt. #, etc. 2107 WEST CASS ST.		Suite, Apt. #, etc.	
City & State TAMPA FLORIDA		City & State	
Zip 33606	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MACALUSO, PETER N ESQ. 742 WEST PLATT ST. TAMPA FL 33606		7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE P.N. Patel (PRAKASH PATEL) <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> 08/14/01 <small>DATE</small> </div> </div>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<div style="border: 1px solid black; padding: 2px;"> TITLE D <input type="checkbox"/> Delete NAME PATEL, PRAKASH N STREET ADDRESS 742 WEST PLATT STREET CITY-ST-ZIP TAMPA FL 33606 </div>			
<div style="border: 1px solid black; padding: 2px;"> TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </div>	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP </div>		
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DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

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: **P.N. Patel (PRAKASH PATEL)** **08/14/01 813-263-5488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #