

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113486

1. Entity Name

SHREE PRAMUKH SWAMI, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90174 001 ***150.00

Principal Place of Business

Mailing Address

6500 N. Nebraska Ave.
TAMPA, FL 33604.

C0057400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6500 N. Nebraska Ave

6500 N. Nebraska Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

33604

USA

Zip

Country

33604

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDHYA PATEL
4049 Savage Station Circle
New Port Richey FL 34653

Name - KANUBHAI A. PATEL

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

6500 N. Nebraska Ave

City

TAMPA

FL

Zip Code

33604

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 Kanubhai Patel KANUBHAI PATEL, President 4-14-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V. President ☐ Delete
NAME SANDHYA PATEL
STREET ADDRESS 4049 Savage Station Cir
CITY-ST-ZIP New Port Richey FL 34653

TITLE PRESIDENT ☒ Change ☐ Addition
NAME KANUBHAI A. PATEL
STREET ADDRESS 6500 N. Nebraska Ave
CITY-ST-ZIP TAMPA FL 33604

TITLE Director ☒ Delete
NAME ASHWIN PATEL
STREET ADDRESS 4049 Savage Station Cir
CITY-ST-ZIP New Port Richey FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: Kanubhai Patel KANUBHAI PATEL 4-14-01. 813-234-3871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)