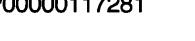
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P00000117281 **DOCUMENT #**

1. Entity Name SHIVTILAK INC.

SIGNATURE:





**FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90163 010 \*\*\*150.00

Principal Place of Business 4100 E. HILLSBOROUGH AVE. TAMPA FL 33610		Mailing Address 4100 E. HILLSBOROUGH AVE. TAMPA FL 33810			1 HERIOZA) MILEKANIA SAINI BANKI SAINI BA	DIRI (FRÅ! FIS)( (I		18181 (181 <u>1</u> 881)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	de	City & State		4. FE	4. FEI Number 59-3688386			Applied For	
Zip	Country	Zip	Country	<b>5.</b> Ce	rtificate of Status Desired	□ \$8.	75 Add Required	ot Applicable ditional	
<del></del> .	6. Name and Address of Current I	Registered Agent		7. Na	me and Address of New Regi			-	
PATEL, SU 4100 E. H			Name Street Addre						
TAMPA FL	33610		City			FL	Zip Code	<del>.</del>	
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  Signature, typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE									
Afte Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				9. Election Campaign Financ Trust Fund Contribution.		Added	O May Be to Fees	
10.	OFFICERS AND I	<del></del>	11.	ADDI	TIONS/CHANGES TO OFFICE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATEL, SUDHIR 4100 E HILLSBOROUGH AVE TAMPA FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
	S PATEL, RITA 4100 E HILLSBOROUGH AVE TAMPA FL 33610	☐ Delete	THTLE NAME STREET ADDRESS CHY-ST-ZIP				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	and the second	and the second s	~ ~;4. ~ ;4.	Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
of the corp	ertify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empoyor on an attachment with an address, where the contract of the	rue and accurate and that m vered to execute this report a	v signature shall have th	re same leo:	al effect as if made under oath	that I am an	officer c	or director	

PEQUISCIONIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L PATEL

01-31-03

813) 626 -654/