FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State

DOCUMENT# Only	(0.014)	_ Secretary of State
DOCUMENT # P01000001751		05-17-2002 90036 030 ***150.00
SHIV BABA, INC		
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DO NOT WRITE IN TH	IIS SDACE	
	IIO OFACE	The second of th
2. Principal Place of Business 3 A 3. Mailing A	ddress	
6010 MONCRIEF Rd		
Suite, Apt. #, etc. Suite, Apt	#. etc.	DO NOT WRITE IN THIS SPACE
City & State City & Stat	te	4. FEI Number Applied For
JACKSONVILLE PL		59-3690619 Applied For Not Applicable
Zip 32209 Country Zip 32	Country	5. Certificate of Status Desired \$8.75 Additional
30645 32		Fee Required
DO 1107 117	Name B,	7. Name and Address of Current Registered Agent
DO NOT WRITE	Street Address	D. Stewart
IN THIS SPACE	80	(P.O. Box Number is Not Acceptable)
III TIIIO OI ACL		
	City Ta	FL Zip Code
8. The above named entity submits this statement for the purpose of	changing its registered office or registr	ctswville FL Zip Code 32216
La) Atta	5 5 register od osnec ta registe	a eo ageni, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		4/26/02
	(NOTE: Registered Agent signature require	ed when reinstating) DATE
Tax filing requirement and elects to do so.	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	10. Election Campaign Financing \$5.00 May Re
(See Criteria on back)	Amended UBR is \$61.25 ack Payable to Department of Ste	Truck Fund Contain in
OFFICERS AND DIRECTORS	2 - Coperition of Se	
MANE PRESIDENT	TITLE	£
STREET ADDRESS GOLD MONCHIEF (U)	NAME ETTEST ADDRESS	120
STY-ST-ZIP JACKSON VILLE FC 32200	STREET ADDRESS CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THE VICK-PRES	TILE	CR2E034B (12/01)
IRRET ADDRESS 6010 MONCRICE ND	NAME	
MY-ST-ZIP SACKSONVILLE FL 32209	STREET ADDRESS CITY-ST-ZIP	
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AME	NAME	
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TLE	CITY-ST-ZIP	DO NOT WRITE
AME	TITLE NAME	IN THIS SPACE
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TY-ST-ZIP	CITY-ST-ZIP	
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REET ADDRESS	NAME STREET ADDRESS	1
TY-S1-ZIP	CITY-ST-ZIP	
LE .	TITLE	
ME REET ADDRESS	NAME	
Y-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	and the same of th
I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate of the corporation or the receives of the corporation of the corporation of the corporation of the corporation or the receives of the corporation of the corpor		tion 110 07/21(i) Florido Statuto I (
of the corporation or the receiver or trustee empowered to execute attachment with an address, with all other like empowered.	and that my signature shall have the sa this report as required by Chanter 60	tion 119.07(3)(i). Florida Statutes. I further certify that the information are legal effect as if made under oath; that I am an officer or director. T. Florida Statutes: and that my came process is in the statute of the statutes.
with all block empowered,	, , , , , , , , , , , , , , , , , , ,	name appears in Block 11 or on an
IGNATURE:X/////	VIJAY PATEL	4/26/2 904-355-4311
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