

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

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91460 001 ***150.00
03-29-2002 91460 002 *****8.75

DOCUMENT # P01000020423

1. Entity Name AKSHAR CHEMISTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10905 N. NEBRASKA AVE
3. Mailing Address 18126 ANTIETAM COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TAMPA FLORIDA
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Zip 33612 **Country** Hillsborough **Zip** 33647 **Country** Hillsborough

4. FEI Number 59-3704289 **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VINESH DARSJ
Street Address (P.O. Box Number is Not Acceptable) 18126 ANTIETAM COURT
City TAMPA **FL** **Zip Code** 33647

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  **PRESIDENT** **3-11-2002**
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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25
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

TITLE	PRESIDENT - P
NAME	VINESH DARSJ
STREET ADDRESS	18126 ANTIETAM COURT
CITY-ST-ZIP	TAMPA FL. 33647
TITLE	DIRECTOR - D
NAME	DR. SHARAD PATEL
STREET ADDRESS	3111 MOSSVALE LANE, TAMPA
CITY-ST-ZIP	FLORIDA 33618
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT** **3-11-2002** **(813) 975 0098.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)