

**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  
Suite, Apt. #, etc.

3. Mailing Address  
18126 ANTIETAM COURT  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TAMPA FLORIDA City & State TAMPA FLORIDA 4. FEI Number 59-3704289 Applied For  Not Applicable

Zip 33612 Country Hillsborough Zip 33647 Country Hillsborough 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 DARJI  
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 [Signature] PRESIDENT DATE 3-11-2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$500.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT - P</u> <u>VINESH DARJI</u> <u>18126 ANTIETAM COURT</u> <u>TAMPA FL. 33647</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR - D</u> <u>DR. SHARAD PATEL</u> <u>3111 MOSSVALE LANE, TAMPA</u> <u>FLORIDA 33618</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] PRESIDENT Date 3-11-2002 Daytime Phone # (813) 975 0098.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (1/201)