

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025187

1. Entity Name  
SHIVRAMA INC

Principal Place of Business  
4807 N. TAMiami TRAIL  
SARASOTA FL 34234

Mailing Address  
4807 N. TAMiami TRAIL  
SARASOTA FL 34234

FILED  
Oct 02, 2002 8:00 am  
Secretary of State

09-16-2002 90108 045 \*\*\*550.00

43474

2. Principal Place of Business  
4132 N. TAMiami TRAIL

3. Mailing Address

Suite, Apt. #, etc.  
SARASOTA, FLORIDA

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1137846

Applied For

Not Applicable

Zip  
34234

Country  
SARASOTA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, RAMESHBHAI  
4807 N. TAMiami TRAIL  
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
S. PATEL

8-2502

941-359-0758

Date

Daytime Phone #

Attachment

43474

# P01000025187

SHIVRAMA ZING  
4132 N. TAMiami TRAIL  
SARASOTA, FL 34234

ATTN:

DIVISION OF CORP.

ENCLOSED IS THE FORMS SIGNED BY  
PRESIDENT. (PATEL RAMESHBHAI S. PATEL).  
REGISTERED ~~RE~~ AGENT IN BLOCK # 6. IS THE SAME  
PERSON IS PRESIDENT, WHICH IS IN BLOCK # 12.  
IF ANY QUESTIONS PLEASE CALL AT 941-359-0758

THANK YOU

RAMESHBHAI PATEL

TITLE : PRESIDENT

SIGN:

