

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90476 012 \*\*\*150.00

**DOCUMENT # P01000035259**

1. Entity Name  
**YOGESHWAR HOSPITALITY, INC.**



Principal Place of Business  
**5929 RAMONA BLVD.  
JACKSONVILLE FL 32205**

Mailing Address  
**5929 RAMONA BLVD.  
JACKSONVILLE FL 32205**

**20005239**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3721295**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, PURUSOTTAM V  
5929 RAMONA BLVD.  
JACKSONVILLE FL 32205**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PATEL, PURUSOTTAM**  
STREET ADDRESS **5929 RAMONA BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☐ Change ☒ Addition  
NAME **PATEL, PANNA**  
STREET ADDRESS **2355 CLAYMONT**  
CITY-ST-ZIP **TROY MI 48098**

TITLE **D** ☐ Delete  
NAME **PATEL, MEHULKUMAR P**  
STREET ADDRESS **12497 GREENSPRING AVENUE**  
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE **D** ☐ Change ☒ Addition  
NAME **PATEL, DILIP**  
STREET ADDRESS **8011 WOODGATE APT F**  
CITY-ST-ZIP **BALTIMORE MD 21244**

TITLE **D** ☐ Delete  
NAME **DALWADI, SURESH A**  
STREET ADDRESS **221 GLYNDON DRIVE**  
CITY-ST-ZIP **REISTERSTOWN MD 21136**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GADANI, BHUPENDRA K**  
STREET ADDRESS **4 ROGGEN COURT**  
CITY-ST-ZIP **RANDALLSTOWN MD 21136**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DALWADI, CHETNA S**  
STREET ADDRESS **221 GLYNDON DRIVE**  
CITY-ST-ZIP **REISTERSTOWN MD 21136**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PATEL, SUDIP P**  
STREET ADDRESS **12497 GREENSPRING AVENUE**  
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE PATEL, PURUSOTTAM V. PATEL** 1/8/03 (904) 781-3878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)