2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051480

1. Entity Name SHIVAL ENTERPRISES, INC.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90046 018 ***150.00

				V. T.	<u> </u>				
Principal Place of Business 6511 14TH STREET W BRADENTON FL 34207		Mailing Address 6511 14TH STREET W BRADENTON FL 34207							
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2. Principal Place of Business		3. Mailing Address				i juditudi jir daiki iluli katir daiti autit k	0 0:01 01 1 01	[D161 9441 1481	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4.	4. FEI Number 65-1106929 Applied For Not Applicable			-	
Zip	Country Zip		Country		5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current F	LI Registered Agent	stered Agent			7. Name and Address of New Registered Agent			
				Name					
•	, hasmukh a Agon dairy trail	Street Addre			s (P.O. Box Number is Not Acceptable)				
BRADENT						···			
				City		F	Zip Cod	e	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	d office or registe	ered ag	ent, or both, in the State of Florida. I	am familiar with,	and accept	,
SIGNATURE .	Signature, typed or printed name of registered agent a	od title if applicable (NOTE	- Registered	Agent signature require	ed when r	einstating) DA	TE		
		(1010		-		1	-		
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. 		May Be to Fees	
10.	OFFICERS AND I		11.		AE	DDITIONS/CHANGES TO OFFICERS /	AND DIRECTOR	S IN 11	
TITLE	PD THANKAR HAGNAUKI A	☐ Delete	TITLE				Change	Addition	(20/
NAME STREET ADDRESS CITY-ST-ZIP THAKKAR, HASMUKH A 10041 REAGON DAIRY TRAIL BRADENTON FL 34212				T ADDRESS				1	
				ST-ZIP					CR2E034 (10/02)
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STREET ADDRESS CITY-ST-ZIP	10041 REAGON DAIRY TRAIL BRADENTON FL 34212		CITY-S	T ADDRESS ST-ZIP					
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH THAKKAR

1/17/03 941-756-8399

Daytime Phone #