

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90323 030 ***150.00

DOCUMENT # P01000055549

1. Entity Name

SNEHA HOTELS, INC.

DO NOT WRITE IN THIS SPACE

14013621

2. Principal Place of Business
464 EAST LIBERTY ST

3. Mailing Address
464 EAST LIBERTY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HERNANDO, FL

City & State
HERNANDO, FL

4. FEI Number
65-1108177

Applied For
Not Applicable

Zip
34442

Country

Zip
34442

Country

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
PATEL, GHANSHYAM R

Street Address (P.O. Box Number is Not Acceptable)
464 EAST LIBERTY ST

City
HERNANDO, FL Zip Code
34442

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, 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 \$61.25
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
PS
PATEL, GHANSHYAM R
464 EAST LIBERTY ST
HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
PATEL, HARSHAD R
464 EAST LIBERTY ST
HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)