

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

10/2

DOCUMENT # P01000071254
1. Entity Name
AADESH, INC.

FILED

02 JUN 28 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1585 AURORA RD
Suite, Apt. #, etc.

3. Mailing Address
1585 AURORA RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE FL.

City & State
MELBOURNE FL.

4. FEI Number
59-3731934

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

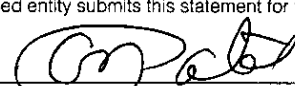
7. Name and Address of Current Registered Agent

Name
CHANDRAKANT N. PATEL

Street Address (P.O. Box Number is Not Acceptable)
1585 AURORA RD

City
MELBOURNE FL Zip Code
32935

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  DATE 06/25/02

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 \$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

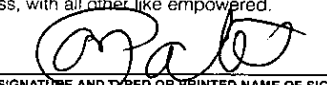
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P1517	PATEL, CHANDRAKANT N.	1585 AURORA RD	MELBOURNE FL 32935
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

8000006534388-3
-07/19/02-01064-010
****150.00 ****150.00

**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:  DATE 06/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

2002

Aadesh, Inc.
1585 Aurora Rd
Melbourne, Fl. 32935

June 25, 2002

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee Fl 32314

Ref:- Document # P01000071254
Sub:- Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned CHANDRAKANT N. PATEL, President of AAEESH, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2002 on the following grounds.

We never received the Annual Filing Form for 2002, may be lost in the mail due to old address, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2002 as I did not received the Filing Form for 2002. This is our first year in Florida, as we moved from another state .In this bad econony, our business is very slow, we can not afford to pay penalty. I would like to request you to waive the penalty on the basis of lack of knowledge and misunderstandings & hardship.

I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, misunderstanding, and undue hardship. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.
Sincerely,


(CHANDRAKANT N. PATEL)