

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
 03-24-2002 90020 001 ***150.00

0010912 AV

DOCUMENT # P01000084961

1. Entity Name
NIDHINEHA INVESTMENT, INC.

Principal Place of Business
1369 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

Mailing Address
1369 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEL Number 59-3747498		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PATEL, AMRISH 1369 S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114				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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
					AMRISH SPATEL	1369 S. RIDGEWOOD AVE	DAYTONA BEACH, FL 32114-6129
					KALPANA A. PATEL	1369 S. RIDGEWOOD AVE	DAYTONA BEACH, FL 32114-6129

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]* **DATE:** **3/9/02** **DAYTIME PHONE #:** **386-252-6413**

CR2E034 (9/01)