

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

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

04-29-2004 90275 048 ***150.00

DOCUMENT # P01000086936

1. Entity Name

SVARA ENTERPRISE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5985 W HWY 40

3. Mailing Address
7970 SW 62ND CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number
59-3741159

Applied For
Not Applicable

Zip
34482

Country

Zip
34476

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, MAHESH L

Street Address (P.O. Box Number is Not Acceptable)
7970 62ND CT

City
OCALA, FL Zip Code
34476

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 Mahesh Patel

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/04
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PATEL, MAHESH L 7970 SW 62ND CT OCALA, FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PATEL, MINESH L 7970 SW 62ND CT OCALA, FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOID
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mahesh Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

352-361-3878

Daytime Phone #

CR2E034B (12/02)