## **2003 FOR PROFIT CORPORATION**

UNIFURM BUSINE	<u>33 KEPUK</u>	IUDK	}		ahı ı	L <b>T,</b> 4	UUJ	0.0	o am	
DOCUMENT # P02000051873  1. Entity Name ISHAN, INC.				Secretary of State 04-14-2003 90211 009 ***150.00						
Principal Place of Business : Mailing Address 4760 SOUTH CLEVELAND AVENUE 4601 34TH STREET SOUTH RT. 41 ST. PETERSBURG FL 33711 FT. MYERS FL 33907										
2. Principal Place of Business 3380 EASTBAY DR Suite, Apt. #, etc.	ST BAY	DR								
City & State  LARGO, FL,	City & State LARGO	FL		4. FEI Nur	nber 1-0680	4620	)		plied For at Applicable	
Zip Country-	-Zip 33771	Country S-	<b>A</b>		ate of Status D	en en en e	F	8.75 Add		
6. Name and Address of Current R	egistered Agent	Name	CHE		nd Address o	T New nega		<u> </u>	<del></del>	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.			Name SUTIMER - C PATEL  Street Address (P.O. Box Number is Not Acceptable)  3380 EAST BAT DR							
4TH FLOOR			: ۔ تی <u>ب</u>	ية مني 72	<u></u>			<u> </u>		
MIAMI FL 33145			City LARCO FL Zig Code							
8. The above named entity submits this statement for the obligations of registered agent  SIGNATURE  Signature, typed or printed name of registered agent and the statement for the obligations of the obl	Parel	registered office o			ooth, in the Sta	4 1	L CAM far	miliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of \$	State				Election Camp Trust Fund Co	•	ing 🔲		0 May Be to Fees	
10. AT OFFICERS AND D	IRECTORS	11.		ADDITION	IS/CHANGES	TO OFFICE	RS AND E	PIRECTORS	3 IN 11	
TITLE PD NAME PATEL, SUDHIR C STREET ADDRESS CITY-ST: ZIF**  PT. MYERS FL 33907	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1338		SHILT STBA			Change	Addition	
TITLE VD NAME PATEL, JAYESH D STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33907	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					[	Change	Addition	
TITLE SD PATEL, RAVI N 4760 SOUTH CLEVELAND AVENUE FT. MYERS FL 33907	Délete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		<u>-</u> ह		Change	Addition	
TITLE D NAME GADHIA, PRAVIN D STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33907	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					(	☐ Change	☐ Addition	
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I hereby certify that the information supplied with the indicated on this report or supplemental report is transfer.	nis filing does not qualify for		ted in Sec	otion 119.07(	3)(i), Florida S	tatutes. I furt	her certify	that the in	formation	

SIGNATURE: 🔀