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FILED
May 14, 2003 8:00 am
Secretary of State
05-14-2003 90131 011 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000068166

1. Entity Name
VED-VICHAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1536 Commercial PK DR.	Same
Suite, Apt. #, etc. #10, 11	Suite, Apt. #, etc.
City & State Lakeland FL	City & State
Zip 33801 Country POLK	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1010091 ☐ 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 UDAYGIRI C. PATEL.

Street Address (P.O. Box Number is Not Acceptable) 1536, Commercial PK DRIVE

City Lakeland FL Zip Code 33801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Department does not accept incomplete)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $6.25
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	PRESIDENT SUJATA H. PATEL. 5139 DEESON PNT COURT LAKELAND, FL-33805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES. HARISH H. SHAH 3816 ERIC COURT LAKELAND, FL-33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRATARY ROHIT PATEL. 2322, COUPOLES DRIVE LAKELAND, FL-33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRE~~ TREASURER PINAKIN PATEL. 353 RUBY LAKE LOOP WINTER HAVEN, FL-33884
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR UDAYGIRI C. PATEL. 2648 Highlands Vue Pkwy Lakeland, FL-33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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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: _____ DIRECTOR 03/09/03 863-665-9133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #