

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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90099 031 \*\*\*150.00

DOCUMENT # **P02000094424**

1. Entity Name  
**VINAYAK INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1631 TAYLOR RD**

Suite, Apt. #, etc.

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number **41-2057137**

Applied For  
 Not Applicable

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

City & State  
**PL ORANGE, FL**

Zip **32128** Country **Volusia**

City & State

Zip Country

**DO NOT WRITE IN THIS SPACE**

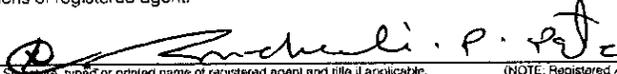
7. Name and Address of Current Registered Agent

Name **SNEHALI P. PATEL**

Street Address (P.O. Box Number is Not Acceptable)  
**15 Fern Meadow Lane**

City **Ormond Bch** FL Zip Code **32174**

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 **01-23-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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	<b>Pres. Patel, Snehali P 15 Fern Meadow Lane Ormond Bch FL 32174</b>
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**DO NOT WRITE IN THIS SPACE**

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:  DATE: **01-23-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)