

FILED
Apr 03, 2003 8:00 am
Secretary of State

02-12-2003 90103 039 ***150.00

04-03-2003 90169 001 *****8.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000115215

1. Entity Name
VISHVA ENTERPRISES, INC.



Principal Place of Business
19457 HAMPTON DR.
BOCA RATON FL 33434

Mailing Address
19457 HAMPTON DR.
BOCA RATON FL 33434

2. Principal Place of Business
9070 Kimberly Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33434

Country
PALM BEACH

Zip

Country

4. FEI Number

74-3066693

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANIAR, RAJU
7737 N. UNIVERSITY DR., #201
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name
MR. SHEPPER - VISHVA ENTERPRISES INC

Street Address (P.O. Box Number is Not Acceptable)

9070 KIMBERLY BLVD

City
BOCA RATON

FL

Zip Code
33434

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
PD
PATEL, PARBAT
9836 LIBERTY CT.
BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PATEL KAMBAI
9836 LIBERTY CT.
BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-7-03 Daytime Phone # 561-4833707

CR2E034 (10/02)