

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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90162 034 ***150.00

DOCUMENT # P03000073939

1. Entity Name

HARSHADDHI ENTERPRISES INC



DO NOT WRITE IN THIS SPACE

94068617

2. Principal Place of Business

2024 CR 470

3. Mailing Address

809 N CITRUS AVE

Suite, Apt. #, etc.
PO BOX 1012

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE PANASOFFKEE, FL

City & State

CRYSTAL RIVER, FL

4. FEI Number

54-2116209

Applied For

Not Applicable

Zip
33538

Country

Zip

34428

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATEL, ARVIND N

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

809 N CITRUS AVE

City

CRYSTAL RIVER,

FL

Zip Code
34428

**DO NOT WRITE
IN THIS SPACE**

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

Arvind Patel

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

(NOTE: Registered Agent signature required when reinstating)

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 PS
NAME PATEL, ARVIND N
STREET ADDRESS 809 N CITRUS AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE VP
NAME PATEL, BHAILAL R
STREET ADDRESS 12802 MIRAMAR PLACE
CITY-ST-ZIP TAMPA, FL 33625

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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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:

Arvind Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

352-302-7387

Daytime Phone #

CR2E034B (12/02)