04/29/2004 11:14 7278687112 RAO & ASSOCIAT

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91255 050 ***150.00

DOCUMENT # P03000129470

1. Entity Name

BANSARI, INC.

DO NOT WRITE IN THIS SPACE

94083701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
798 W STATE ROAD 434		798 W STATE ROAD 434	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAONGWOOD, FL		City & State: LONGWOOD, FL	
Zip: 32750	Country	Zip: 32750	Country

4. FEI Number 20-0394805 ☐ 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: PATEL, PRAKASH P

Street Address (P.O. Box Number is Not Acceptable): 798 W STATE ROAD 434

City: LONGWOOD, **FL** Zip Code: 32750

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.

SIGNATURE PRAKASH PATEL

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	PATEL, PRAKASH P	NAME	
STREET ADDRESS	798 W STATE RD 434	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034R (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE