

DOCUMENT # P04000089325

SHREE GANESH HOSPITALITY, INC.



18441 HWY 231  
FOUNTAIN, FL 32438

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FOUNTAIN, FL 32438

Suite, Apt. #, etc.

City &amp; State

Country

20-1219630

Not Applicable
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7

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

PATEL, VISHNUKUMAR F  
12226 BURKE STREET  
FOUNTAIN, FL 32438

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, T	<input type="checkbox"/> Deleted
NAME	PATEL, VISHNUKUMAR F	
STREET ADDRESS	18441 HWY 231	
CITY-ST-ZIP	FOUNTAIN, FL 32438	

TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, HANSAGAURI V	
STREET ADDRESS	18441 HWY 231	
CITY - ST - ZIP	FOUNTAIN, FL 32438	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	LA 1	

TITLE	07/10/9	<input type="checkbox"/> Deleted
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #