

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

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 009 ***150.00

DOCUMENT # P06000097634	
1. Entity Name	
Swamini Corporation	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1996 Hamilton Ave 143 Hwy I-75 Suite, Apt. #, etc.		3. Mailing Address 4039 US Hwy 90 W Suite, Apt. #, etc.	
City & State Jennings, FL		City & State Lake City, FL	
Zip 32053	Country	Zip 32055	Country

40084892

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5269326		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PATEL, PRATIKSHA
Street Address (P.O. Box Number is Not Acceptable)
4039 US HWY 90 W
City
LAKE CITY FL 32055 **FL** **Zip Code**
32055

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

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD	NAME PATEL, PRATIKSHA
STREET ADDRESS 4039 US HWY 90 W	
CITY-ST-ZIP LAKE CITY FL 32055 US	
TITLE VP	NAME PATEL, DIPAK
STREET ADDRESS 4039 US HWY 90 W	
CITY-ST-ZIP LAKE CITY FL 32055 US	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

**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: _____

Pratiksha Patel.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 8535

4/13/07 386-288-