

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300000544

1. Corporation Name -SADHANA-INC:

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90017 043 ***150.00



Principal Place	of Business	Mailing Address					
1215 S FEDERAL HIGHWAY 1215 S FEDERAL HIGHWAY							
FT LAUDERDAL	E FL 33316	FT LAUDERDALE FL 3331	0		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					01/04/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			65-0378220	Not	Applicable
		Suite, Apt. #, etc.				\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Rec	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	_		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	7⊠ Yes	□No
··	9. Name and Address of Curren	t Registered Agent		.,	10. Name and Address of New Register	ed Agent	
		·- 	8	Name	•		
	.OW, JEFFREY M		82	Street Add	iress (P.O. Box Number is Not Acceptable)		
1820	E HALLANDALE BEACH BLVD		"	- Olicorrido			
HALL	ANDALE FL 33009		8:	3			
			-			. 85 Zip C	
			84	4 City	F	85 Zip C	oue
12.	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	13.		ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition Addition
NAME	PATEL, JAGJIVAN M		1.2 NAME				
STREET ADDRESS	1215 S FEDERAL HIGHWAY		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33316		1.4 CITY-	ST-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE		-	☐ Change	Addition
NAME	PATEL, SANJAYKUMAR J		2.2 NAME				
STREET ADDRESS	1215 S FEDERAL HIGHWAY		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33316		2.4 CITY	·ST-ZIP			
TITLE	ST	☐ DELETE	3.1 TITLE		•	Change	☐ Additio
NAME	PATEL, SADHANABEN J		3.2 NAME	:			
STREET ADDRESS	1215 S FEDERAL HIGHWAY		3.3 STRE	ET ADORESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33316		3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Additio
NAME			4.2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS	٠.		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE				☐ Change	☐ Additio
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Additio
NAME	,		6.2 NAME	: [

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: