

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000800965**
1. Entity Name
SHRI JALAKAMBAPA, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90158 013 ***150.00

Principal Place of Business Mailing Address
900, HARRISON AVE.
PANAMACITY, FL-32401

A0056988

2. Principal Place of Business 3. Mailing Address
900, HARRISON AVE. **900, HARRISON AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.


DO NOT WRITE IN THIS SPACE

City & State City & State
PANAMACITY, FLORIDA **PANAMACITY, FLORIDA**
Zip Country Zip Country
32401 **U.S.A** **32401** **U.S.A**

4. FEI Number Applied For
59-3157469 ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SATISHKUMAR M. PATEL
900, HARRISON AVE.
PANAMACITY, FL-32401

7. Name and Address of New Registered Agent
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.
SIGNATURE:  **SATISHKUMAR PATEL PRESIDENT** **4/10/01**
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) ☐


FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	SATISHKUMAR M. PATEL
STREET ADDRESS	900, HARRISON AVE.
CITY-ST-ZIP	PANAMACITY, FL-32401
TITLE	SECRETORY - TREASURER <input type="checkbox"/> Delete
NAME	GITABEN S. PATEL
STREET ADDRESS	900, HARRISON AVE.
CITY-ST-ZIP	PANAMACITY, FL-32401
TITLE	<input type="checkbox"/> Delete
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SATISHKUMAR PATEL PRESIDENT** **4/10/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)