

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000033696**

1. Entity Name

**SHIVAM HOSPITALITY GROUP, INC.**

Principal Place of Business

13801 U.S. HIGHWAY ONE  
JUNO BEACH FL 33408  
US

Mailing Address

PO BOX 30905  
PALM BEACH GARDENS FL 33420  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0409640**Applied For  
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PORATH, ANN ESQ.  
12773 WEST FOREST HILL BLVD.  
WEST PALM BEACH FL 33414

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

Signature, typed or printed name of registered agent and fee 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  
Trust-Fund Contribution: ☐**\$5.00** May  
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME PATEL, SUMAN R  
STREET ADDRESS 142 OAKWOOD LANE  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AddTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AddTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AddTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AddTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AddTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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, 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

**SUMAN R. PATEL****4/30/01**

Date

**(561) 626-90**

Daytime Phone #

**FILED**  
**Jul 27, 2001 8:00 am**  
**Secretary of State**

06-12-2001 90002 031 \*\*\*158.75

07-27-2001 90006 037 \*\*\*400.00



DO NOT WRITE IN THIS SPACE



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 16, 2001

SHIVAM HOSPITALITY GROUP, INC.  
PO BOX 30905  
PALM BEACH GARDENS, FL 33420 US

SUBJECT: SHIVAM HOSPITALITY GROUP, INC.  
Ref. Number: P93000033696

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following:

There is a balance due of \$391.25.

This office cannot waive or reduce the late fees based on the contents of your letter. Only those corporations who did not receive notice to file will be allowed to do so without penalty.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Stacy Prather  
Document Specialist

Letter Number: 001A00041670