

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED 1052

0830745 FP

**DOCUMENT # P93000034556**

1. Entity Name  
**MAHADEV, INC.**

02 MAY 22 PM 4:16

Principal Place of Business: **1839 WAGON WHEEL CIRCLE TALLAHASSEE FL 32311**

Mailing Address: **1839 WAGON WHEEL CIRCLE TALLAHASSEE FL 32311**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **GIRISH PATEL**

3. Mailing Address: **GIRISH PATEL**

Suite, Apt. #, etc.

City & State: **1839 Wagon wheel circle East TALLAHASSEE**

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Zip: **32317** Country: **U.S.**

4. FEI Number: **59-3181469**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GIRISH, PATEL**  
**1839 WAGON WHEEL CIRCLE**  
**TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name: **GIRISH PATEL**

Street Address (P.O. Box Number is Not Acceptable): **1839 Wagon wheel Circle East**

City: **TALLAHASSEE** FL Zip Code: **32317**

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: *Girish Patel* DATE: 05/22/02

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME: <b>ST PATEL, GIRISH</b>	<input type="checkbox"/> Delete
STREET ADDRESS: <b>1839 WAGON WHEEL CIR EAST</b>	
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>	
TITLE NAME: <b>P PATEL, SHARMISTHA</b>	<input type="checkbox"/> Delete
STREET ADDRESS: <b>1839 WAGON WHEEL CIR EAST</b>	
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>	
TITLE NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE NAME:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *SIGNATURE REQUIRED* DATE: 05/22/02 DAYTIME PHONE #: (850) 574-8888

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2E034 (9/01)

2 of 2

Mahadev Inc

1839 Wagon wheel circle East

Tallahassee, FL 32317

(850) 878-3927

Date: 05/22/02

RE: wrong address needs to be corrected.

Dear Sir/Madam,

I have received the corporation filing in my Paper Box on Friday 05/19/02. The address principal / mailing and registered agent needs to be amended. Please waive the late penalties.

Thank you  
Gary Saly