

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90124 033 \*\*\*150.00

**DOCUMENT # P94000019254**

1. Entity Name  
**GANESH ASSOCIATES INC**

*#6370 ✓*

Principal Place of Business  
**1881 PALM BAY ROAD N.E.**  
**PALM BAY FL 32905**

Mailing Address  
**4962 EBENSBURG DR.**  
**TAMPA FL 33647**

00104103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3229225**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SARASWAT, SATISH C**  
**4962 EBENSBURG DR.**  
**TAMPA FL 33647**

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. 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 \_\_\_\_\_

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PMVS SARASWAT, SATISH C	<input type="checkbox"/> Delete
STREET ADDRESS	4962 EBENSBURG DR.	
CITY-ST-ZIP	TAMPA FL 33647	
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		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	REETA SARASWAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4962 EBENSBURG DR	
CITY-ST-ZIP	TAMPA, FL 33647	
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** *Reeta Saraswat* **813-961-1000**

CR2E034 (4/02)

Attachment  
#P94000019254

To who it may concern

Sir/Madam

I mailed CK # 6370 on 4/17/02  
Some how it got lost in mail. Here I'm issuing  
a new CK for 150.00. If you want copy of  
that CK I'll fax you. Please waive my

Penalty.

Thank you

Yours Truly  
Reeta Sarawat

REETA SARAWAT