

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90108 031 \*\*\*150.00

**DOCUMENT # P94000024664**

1. Entity Name  
**SARASWATI, INC.**



Principal Place of Business  
**5774 CLARK ROAD  
SARASOTA FL 34233  
US**

Mailing Address  
**5774 CLARK ROAD  
SARASOTA FL 34233  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**5730 GANTT RD.  
SARASOTA -**

3. Mailing Address

**5730 GANTT RD.  
S**

Suite, Apt. #, etc.

**SARASOTA - FL.**

Suite, Apt. #, etc.

**SARASOTA - FL**

City & State

**34233**

Country

**SARASOTA**

City & State

**34233**

Country

**SARASOTA**

4. FEI Number

**65-0477577**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, SONMUCHLAL L  
4800 N TAMiami TRAIL  
SARASOTA FL 34234**

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete  
NAME **PATEL, RAMILA S**  
STREET ADDRESS **4800 N TAMiami TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VT** ☐ Delete  
NAME **PATEL, ANANTKUMAR R**  
STREET ADDRESS **6727 14TH ST W**  
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **V** ☐ Delete  
NAME **PATEL, MAHENDRAKUMAR**  
STREET ADDRESS **20 RIO VISTA RD**  
CITY-ST-ZIP **ARCADIA FL 33821**

TITLE **V** ☐ Delete  
NAME **PATEL, RITA M**  
STREET ADDRESS **20 RIO VISTA RD**  
CITY-ST-ZIP **ARCADIA FL 33821**

TITLE **P** ☐ Delete  
NAME **PATEL, SONMUCHLAL**  
STREET ADDRESS **4800 N TAMiami TR**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if 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

Date

Daytime Phone #

**1-14-03**

**(941) 355-7091**

CR2F034 (10/02)