

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072876

1. Entity Name

BHIKTEL INCORPORATED

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90104 023 ***150.00

Principal Place of Business

Mailing Address

3495-6 THOMASVILLE RD
TALLAHASSEE FL 32308

3495-6 THOMASVILLE RD
TALLAHASSEE FL 32308-3438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3339044

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

PATEL, ARUN
3495-6 THOMASVILLE RD
TALLAHASSEE FL 32308

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 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MR. K. BHIKHA
STREET ADDRESS 120 PARKWOOD WAY
CITY-ST-ZIP ALPHARETTA GA 30201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/S
NAME MR. A. PATEL
STREET ADDRESS 641 FULTON RD., #93
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE
NAME
STREET ADDRESS 6189 PICKWICK ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE
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CITY-ST-ZIP

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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:

Arun Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000

Date

668 1314

Daytime Phone #

CR2E034 (9/99)