

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90231 016 \*\*\*150.00

DOCUMENT # P95000088491

1. Corporation Name  
SHREE NATH, INC.



Principal Place of Business  
1561 N U.S. HIGHWAY 1  
ORMOND BEACH FL 32174

Mailing Address  
1561 N U.S. HIGHWAY 1  
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1995

4. FEI Number

59-3343698-59-3548767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DESAI, HEMANT  
1561 N U.S. HIGHWAY 1  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name BIPINCHANDRA R. DESAI

82 Street Address (P.O. Box Number is Not Acceptable)

1561 N W HWY 1

83

84 City ORMOND BEACH

FL

85 Zip Code 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* BIPINCHANDRA R. DESAI

04/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PD
NAME	DESAI, HEMANT	1.2 NAME	DESAI HEMANTRAI
STREET ADDRESS	200 LEMON TREE, UNITE 2	1.3 STREET ADDRESS	1561 N W HWY 1
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	VD	2.1 TITLE	VPD
NAME	PATWARY, MOHAMMED	2.2 NAME	BIPINCHANDRA R. DESAI
STREET ADDRESS	200 LEMON TREE, UNIT 2	2.3 STREET ADDRESS	1561 N W HWY 1
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	TD	3.1 TITLE	SD
NAME	DESAI, MANISH D	3.2 NAME	VANLILABEN H. DESAI
STREET ADDRESS	5129 MICHAEL AVE.	3.3 STREET ADDRESS	1561 N W HWY 1
CITY-ST-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE		4.1 TITLE	DT
NAME		4.2 NAME	NIRMALABEN B. DESAI
STREET ADDRESS		4.3 STREET ADDRESS	1561 N W HWY 1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)