

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007336

1. Entity Name
VAISHANAVI INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90069 030 ***150.00

Principal Place of Business

Mailing Address

801 E MAIN ST
CARBONDALE IL 62901

801 EAST MAIN ST
CARBONDALE IL 62901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3355340**

Applied For
Not Applicable

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, YOGESHKUMAR
4620 W. GANDY BLVD.
TAMPA FL 33611-3306

Name ~~PATEL, YOGESHKUMAR~~
Street Address (P.O. Box Number is Not Acceptable)
~~2001 E. PATEL STREET~~
City ~~CARBONDALE IL~~ FL Zip Code ~~62901~~

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

Feb 05th '01

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, 2001 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** ☐ Delete
NAME **YOGESHKUMAR PATEL**
STREET ADDRESS **801 EAST MAIN ST**
CITY-ST-ZIP **CARBONDALE IL 62901**

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

TITLE **VP** ☐ Delete
NAME **SMITABEN Y. PATEL**
STREET ADDRESS **801 EAST MAIN ST**
CITY-ST-ZIP **CARBONDALE IL 62901**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 05th '01 618-457-3347

CR2E034 (10/00)