*2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 18, 2002 8:00 am Secretary of State P96000017010 DOCUMENT # 1. Entity Name 05-13-2002 90196 003 ***150.00 AKSHAR DHAM, INC. Principal Place of Business Mailing Address 11305 E. HWY 92 11305 E. HWY 92 SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3369325 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, SURESH V Street Address (P.O. Box Number is Not Acceptable) 11500 SUMMIT WEST BLVD #19F **TAMPA FL 33617** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (4/02) Addition NAME PATEL. HETAL K NAME STREET ADDRESS 11500 SUMMIT WEST BLVD. #19F STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIP ۷D ☐ Delete TITLE ☐ Addition ☐ Change NAME PATEL, SURESH V NAME STREET ADDRESS 11500 SUMMIT WEST #1F STREET ADDRESS CITY-ST-ZIF TEMPLE TERRACE FL 33617 CITY-ST-ZIP TITLE Delete Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 altother like empowered.

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATU SIGNATURE AND TYPED OR PRIM

☐ Delete

6-7-02 81)
Date Days

☐ Addition



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 21, 2002

AKSHAR DHAM, INC. 11305 E. HWY 92 SEFFNER, FL 33584

Subject: AKSHAR DHAM, INC.

Reference Number:

P96000017010

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ML ANNUAL REPORTS SECTION