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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90069 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000027570

1. Corporation Name

GANESH HOSPITALITY, INC.

Principal Place of Business

4872 CYPRESS WOODS DRIVE, APT 321
ORLANDO FL 32811

Mailing Address

5728 MAJOR BLVD
SUITE 302
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

59-3380488

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5618 VINELAND RD.

Suite, Apt. #, etc.

22 ORLANDO FL.

City & State

23 32819 U.S.A.

Zip Country

24 25 29 30

2a. Mailing Address

26 5618 VINELAND RD.

Suite, Apt. #, etc.

27 ORLANDO FL.

City & State

28 32819 U.S.A.

Zip Country

29 30

9. Name and Address of Current Registered Agent

PATEL, ARVIND

4872 CYPRESS WOODS DRIVE, APT 321
ORLANDO FL 32811

SAME
AGENT

NEW
ADDRESS

10. Name and Address of New Registered Agent

81 Name

PATEL, ARVIND

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

5618 VINELAND RD.

83

ORLANDO

84 City

85 Zip Code

FL 32819

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PATEL, ARVIND
STREET ADDRESS 4872 CYPRESS WOODS DRIVE, APT 321
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☐ DELETE

NAME PATEL, SANJAY
STREET ADDRESS 4872 CYPRESS WOODS DRIVE, APT 321
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☐ DELETE

NAME PATEL, NARAN
STREET ADDRESS 4872 CYPRESS WOODS DRIVE, APT 321
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☐ DELETE

NAME NATHOO, HERENDRA
STREET ADDRESS 4872 CYPRESS WOODS DRIVE, APT 321
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☐ DELETE

NAME JITENDRA, PATEL
STREET ADDRESS 4872 CYPRESS WOODS DR., APT. 321
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99

226
407 226 9119

CR2E034 (1/1/98)