

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90300 032 ***150.00

DOCUMENT # P96000050692

1. Entity Name
RAVIYN, INC.

Principal Place of Business 2652 EVERLETH CT LAKELAND FL 33810 US	Mailing Address 2652 EVERLETH CT LAKELAND FL 33810 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3385404** Applied For
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INDRAPRAKAJH, PATEL
2652 EVERLETH CT
LAKELAND FL 33810

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	PATEL, INDRAPRAKASH B		
930 SO WABASH AVE	930 SO WABASH AVE		
LAKELAND FL 33801	LAKELAND FL 33801		
VD	PATEL, YOGESH R		
930 SO WABASH AVE	930 SO WABASH AVE		
LAKELAND FL 33801	LAKELAND FL 33801		
STD	PATEL, ANILESH R		
930 SO WABASH AVE	930 SO WABASH AVE		
LAKELAND FL 33801	LAKELAND FL 33801		

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]* Date 1-23-01 Daytime Phone # 863-687-1818

CR2E034 (10/00)