

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90031 049 ***150.00

DOCUMENT # P96000056588

1. Entity Name

BHAGYODAYA INC

Principal Place of Business

Mailing Address

1908 E ALSOBROOK ST 1908 E ALSOBROOK ST

PLANT CITY, FL-33566 PLANT CITY FL-33566

2. Principal Place of Business

3. Mailing Address

1908 E ALSOBROOK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANT CITY FL

Zip

Country

Zip

Country

33566

4. FEI Number

59-3388346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0033302

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAJENDRA PATEL

1908 E ALSOBROOK ST

PLANT CITY FL-33566

Name

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

City

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

R. Patel

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

(NOTE: Registered Agent signature required when reinstating)

03/08/01

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

TITLE PD
NAME RAJENDRA PATEL ☐ Delete
STREET ADDRESS 1908 E ALSOBROOK ST
CITY-ST-ZIP PLANT CITY FL-33566

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

TITLE VD
NAME NIMESH PATEL ☐ Delete
STREET ADDRESS 1908 E. ALSOBROOK ST
CITY-ST-ZIP PLANT CITY FL-33566

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

R. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/01

Date

Daytime Phone #

CR2E034 (11/00)