

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90067 018 ***150.00

DOCUMENT # P96000087594

1. Entity Name SAMNI INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
415 E. Orange Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip 32301

Country

Zip

Country

4. FEI Number

59-3424989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Timothy Padgett

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

2810 Remington Green Cir.

City

Tallahassee

FL

Zip Code

32308

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President
NAME MUKESH PATEL
STREET ADDRESS 4780 Hedgewood Dr.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE V. President
NAME GITA PATEL
STREET ADDRESS 4780 Hedgewood Dr.
CITY-ST-ZIP Tallahassee, FL 32308

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04

Date

850-877-2416

Daytime Phone #

CR2E034B (12/02)