

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044035

1. Entity Name  
**SHRIJI SAVAK CORPORATION**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90370 001 \*\*\*158.75

Principal Place of Business Mailing Address  
**2275 8 STREET WINTER HAVEN FL 33881** **SHRIJI SAVAK CORPORATION 2646 EVERLETH CT. LAKELAND FL 33810**

00014303



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 **59-3447812**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, RAJESHKUMAR**  
**911 AVE W NW**  
**WINTER HAVEN FL 33881**

Name **INDRAPRAKASH B. PATEL**

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

**2646 EVERLETH CT.**

**LAKELAND**

City **LAKELAND** FL Zip Code **33810**

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]* **President** **1-23-01**  
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

TITLE **VP** ☐ Delete  
NAME **PATEL, RAJESH KUMAR R**  
STREET ADDRESS **911 AVE W NW**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **INDRAPRAKASH B. PATEL**  
STREET ADDRESS **2646 EVERLETH CT.**  
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-01** **863-401-8211**  
Date Daytime Phone #

CR2E034 (10/00)