2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000049216 May 16, 2000 8:00 am Secretary of State SHRI GANESH, INC. 05-16-2000 90173 023 ***150.00 Principal Place of Business Mailing Address 12830 FRONT BEACH RD 12830 FRONT BEACH RD PANAMA CITY BEACH FL 32407-3399 PANAMA CITY BEACH FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3450861 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATEL, RAMESH B Street Address (P.O. Box Number is Not Acceptable) 12830 FRONT BEACH RD PANAMA CITY BEACH FL Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete ☐ Change TITLE NAME PATEL, RAMESH B NAME STREET ADDRESS STREET ADDRESS 2401 STANFORD RD APT 1102 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32405 ☐ Delete Change ☐ Addition TITLE NAME PATEL, BHIKHU J NAME STREET ADDRESS STREET ADDRESS 2918 KINGS HARBOUR RD CITY ST-7IP CITY-ST-ZIP PANAMA CITY FL 32405 Change ☐ Addition TIT! F ☐ Delete TITLE PATEL, MOHAN J NAME NAME STREET ADDRESS 2918 KINGS HARBOUR RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITI F

STREET ADDRESS

CITY-ST-ZIP

SIGNITION

Ramesh B. Patel

☐ Delete

4125/00

850-747-88-28

Change

☐ Addition

Daytime P