

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90016 005 ***150.00

0394426

DOCUMENT # P97 0000 50276

1. Entity Name

SWATI INC



Principal Place of Business

Mailing Address

908 Clear Creek Dr
Tampa FL-33613

908 CLEAR CREEK DR
TAMPA FL-33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

908 Clear Creek Dr

City & State
Tampa FL

City & State

4. FEI Number

59-3450127

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KERITKUMAR PATEL
908 CLEAR CREEK DR
TAMPA FL-33613

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Kerit Kumar Patel

4/01/01

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, 2000 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 PRATIBHA K PATEL
STREET ADDRESS 908 CLEAR CREEK DR
CITY-ST-ZIP TAMPA FL-33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME KERITKUMAR PATEL
STREET ADDRESS 908 CLEAR CREEK DR
CITY-ST-ZIP TAMPA FL-33613

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Kerit Kumar Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/01

Date

Daytime Phone #

CR2E034 (9/99)