

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051129

1. Entity Name
NARAYAN INC.

Principal Place of Business
9825 BEACH BLVD
JACKSONVILLE FL 32246
US

Mailing Address
9825 BEACH BLVD
JACKSONVILLE FL 32246
US

2. Principal Place of Business

9823 BEACH BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32246

Country
DUVAL

3. Mailing Address

9823 BEACH BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32246

Country
DUVAL

6. Name and Address of Current Registered Agent

PATEL, DHARMESH K
9825 BEACH BLVD.
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name
PATEL, DHARMESH K
Street Address (P.O. Box Number is Not Acceptable)
9823 BEACH BLVD
City
JACKSONVILLE FL Zip Code
32246

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

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DHARMESH, PATEL
9825 BEACH BLVD
JACKSONVILLE FL 32246

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PATEL, PRITI D
9825 BEACH BLVD
JACKSONVILLE FL 32246

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90003 001 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)

1-6-01

904-320-8899