

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063581

1. Entity Name

SHIV SHANKAR DONUT CORP.

Principal Place of Business

8702 W HILLSBOROUGH AVE
TAMPA FL 33615
US

Mailing Address

PO BOX 1072
OLDSMAR FL 34677-1072
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 260725

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33685

HILLSBOROUGH

4. FEI Number

65-0776244

Applied For

Not Applicable

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

HANDIN, GARY I

3111 UNIVERSITY DRIVE SUITE 404
CORAL SPRINGS FL 33065

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PATEL, CHIRAG	
STREET ADDRESS	PO BOX 1072 260725	
CITY-ST-ZIP	OLDSMAR FL 34677 TAMPA FL 33685	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PATEL, VIRENDRA	
STREET ADDRESS	PO BOX 1072 260725	
CITY-ST-ZIP	OLDSMAR FL 34677 TAMPA FL 33685	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATEL, USHA	
STREET ADDRESS	PO BOX 1072 260725	
CITY-ST-ZIP	OLDSMAR FL 34677 TAMPA FL 33685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHIRAG PATEL

Date

Daytime Phone #

1/7/2000

813-881-9894

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90008 040 ***158.75

C0003511



DO NOT WRITE IN THIS SPACE