

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068064

1. Entity Name

SHIRDI ENTERPRISES, INC.

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90094 029 \*\*\*150.00

Principal Place of Business

Mailing Address

2071 S. ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

2071 S. ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3463038

Applied For  
Not Applicable

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

STADLER, RICHARD E ESQ  
509 PALM AVENUE  
TITUSVILLE FL 32796

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, 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 D ☒ Delete  
NAME SHANKER, RANCHOR  
STREET ADDRESS 13201 CEDAR  
CITY-ST-ZIP LEAWOOD KS 66209

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

TITLE D ☐ Delete  
NAME PATEL, RAKESH  
STREET ADDRESS 2071 S. ATLANTIC AVENUE  
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE D/P/S/T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME PATEL, HEMANT  
STREET ADDRESS 1717 N ATLANTIC AVE  
CITY-ST-ZIP DAYTONA BCH FL 32118

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

TITLE D ☒ Delete  
NAME PATEL, RAMESH  
STREET ADDRESS 11801 BLUE RIDGE BLVD  
CITY-ST-ZIP KANSAS CITY MO

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Rakesh Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

386-252-1554

Daytime Phone #

CR2E034 (10/00)