

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90015 026 ***150.00

DOCUMENT # P97000070555

1. Entity Name

VISHWASH CORPORATION

Principal Place of Business

Mailing Address

3580 CHENEY HWY
 TITUSVILLE FL 32780
 US

108 E CENTRAL BLVD
 CAPE CANAVERAL FL 32920

Wire less #1

2. Principal Place of Business

210 W Cocoa Beach Cswy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Beach

City & State

Zip 32931

Country Brevard

Zip

Country

4. FEI Number 593462414

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

PATEL, SAROJ
 108 E CENTRAL BLVD
 CAPE CANAVERAL FL 32920

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

SAROJ PATEL - H-J Patel

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

TITLE	P	NAME	PATEL, SAROJ	STREET ADDRESS	108 E CENTRAL BLVD	CITY-ST-ZIP	CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete
TITLE	VST	NAME	PATEL, HARSHAD	STREET ADDRESS	108 E CENTRAL BLVD	CITY-ST-ZIP	CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	NAME	PATEL SAROJ	STREET ADDRESS	108 E Central Blvd	CITY-ST-ZIP	CAPE CANAVERAL FL-32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	PATEL HARSHAD	STREET ADDRESS	108 E Central Blvd	CITY-ST-ZIP	CAPE CANAVERAL FL-32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PRESIDENT	NAME	PATEL SAROJ	STREET ADDRESS	108 E Central Blvd	CITY-ST-ZIP	CAPE CANAVERAL FL-32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	V.P.	NAME	PATEL VIRAL	STREET ADDRESS	3465 Big Pine Road	CITY-ST-ZIP	Melbourne FL-32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

H-J Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-01 321-868-5557

Date

Daytime Phone #

CR2E034 (10/00)