

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90004 006 ***150.00

0036054 AV

DOCUMENT # P97000075724

1. Entity Name

SHREENA INC

Principal Place of Business

**2902 W COLUMBUS DRIVE
TAMPA FL 33607**

Mailing Address

**18910 FAIRWOOD CT
TAMPA FL 33647**

LA

AUG 10 14 J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3465270

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PATEL, KALPESH R
18910 FAIRWOOD CT
TAMPA FL 33647**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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** ☐ Delete
NAME **PATEL, KALPESH R**
STREET ADDRESS **5003 COMPTON CT 18910 Fairwood CT**
CITY-ST-ZIP **TAMPA FL 33647**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **PATEL, KIREN**
STREET ADDRESS **5003 COMPTON CT 18910 Fairwood CT**
CITY-ST-ZIP **TAMPA FL 33647**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(l), 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 #

CR2E034 (5/01)

Dear sir or madam.

attachment

DT# 00700015124
A0078145

We didn't receive 1st and second notice of Renewal notice. Our address has been changed. We always renew our corporation on time. You can check our record please I will appreciate it!

So I am requesting you please remove the penalty. If you have any question please give me a call at (813) 871-2062 Thank you very much.

Kalish Patel