

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90425 017 \*\*\*150.00

DOCUMENT # **P97000075724**

1. Entity Name  
**SHREENA INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2902 W. Columbus Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**2902 W. Columbus Dr**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Tampa FL 33607**

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**Tampa FL 33607**

4. FEI Number  
**59-3465270**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **B-L-R-A-T-O-C-P-A**  
Street Address (P.O. Box Number is Not Acceptable)

**8910 N. Dale Mabry Hwy #37**

City **Tampa** FL Zip Code **33614**

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 **Kalpesh Patel**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03-04-02**  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$81.25**  
**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  
**PTD  
Kalpesh Patel  
2902 W. Columbus Dr  
Tampa FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V.P.  
KIRAN PATEL  
2902 W. Columbus Dr  
Tampa FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

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

**03-04-02** (813) 871-2062  
Date Daytime Phone #

CR2E034B (12/01)