2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101864

1. Entity Name

LAXMI KANTAM, INC. Principal Place of Business Mailing Address 2277 SOUTH BYRON BUTLER PARKWAY 2277 SOUTH BYRON BUTLER PARKWAY

FILED Mar 01, 2001 8:00 am Secretary of State

03-01-2001 90012 003 ***150.00

			1 2/0// 12 02041								
							: (**** ** 11 0 * 11 10 1 41 1 41 1 4 1 1 1 1 1 1 1 1 1 1	8(8) (13) (1 3)8)	(11 11 1111 0 1 11	i) BiBi (86)	
. Principal Pla	ace of Busin	ess	3. Mailing Address	Mailing Address							
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.			\neg	DO NOT WRITE IN THIS SPACE				
City & State	:		City & State			4. F	El Number 59-3480437	v	Ар	plied For	
7n 200	21.66	Country	Zip Cou		tru					t Applicable	
Zip 32348 Country 32348				Cour		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					
			Name								
PATEL, VASANTBHAI 2277 SOUTH BYRON BUTLER PARKWAY PERRY FL 32347					Street Address (P.O. Box Number is Not Acceptable)						
					City		···	FL	Zip Code	348	
	named entit	ry submits this statement for	or the purpose of changing it	ts register	ed office or regi	istered ag	ent, or both, in the State of Flor	rida.			
SIGNATURE _	Signature, typed	or printed name of rogistered agent	and title if applicable. (NC	TE: Registere	d Agent signature rec	quired when re	einstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 200 Make Check Payable					will be \$550.0		10. Election Campaign Finance Trust Fund Contribution	~ ~		0 May Be	
<u> </u>				12.	·		DITIONS/CHANGES TO OFFI	CEDE AND	DIDECTOR	C INL 11	
TITLE	20					AD	DITIONS/CHANGES TO OFFI	CERS AND	Change	☐ Addition	
NAME		/ASANTBHAI	☐ Delete	TITI NAN					Change	Addition	
STREET ADDRESS CITY-ST-ZIP		UTH BYRON BUTLER I	PARKWAY	• • • • • • • • • • • • • • • • • • • •							
TITLE	SD		☐ Delete	. TIT	_E				☐ Change	Addition	
NAME	PATEL, S	SUSHILABEN VQ		NAI	ΛE						
STREET ADDRESS	2277 \$ 1	BYRON BUTLER PKWY		STF	EET ADDRESS						
CITY-ST-ZIP	PERRY F	L 32347		CIT	Y-ST-ZIP						
TITLE	VD		☐ Delete	TIT	LĒ				☐ Change	☐ Addition	
NAME	PATEL, I	HARDEVBHAI D		NAI	ME						
STREET ADDRESS	7051 PE	NSACOLA BLVD		STE	REET ADDRESS						
CITY-ST-ZIP	PENSAC	OLA FL 32505		CIT	Y-ST-ZIP						
TITLE	TD		☐ Delete	TIT	LE				☐ Change	Addition	
NAME	PATEL,	NIRU H		NA	MÉ						
STREET ADDRESS		N\$ACOLA BLVD		ST	REET ADDRESS						
CITY-ST-ZIP		OLA FL 32505		CIT	Y-ST-ZIP						
TITLE	1		☐ Delete	. TIT	LĒ				☐ Change	Addition	
NAME	1				ME				-		
STREET ADDRESS				ST	REET ADDRESS						
CITY-ST-ZIP				СП	Y-ST-ZIP						
TITLE			☐ Delete	ווד .	LE				☐ Change	Addition	
NAME	1		50.00		ME						
STREET ADDRESS				4	REET ADDRESS						
CITY-\$T-ZIP				CI.	Y-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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR