

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021180

1. Entity Name  
PRAMUKH SWAMI, INC.



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90148 039 \*\*\*155.00

0036508 AV

Principal Place of Business  
DAYS INN  
472 HUGH ADAMS ROAD  
DEFUNIAK SPRINGS FL 32433  
US

Mailing Address  
DAYS INN  
472 HUGH ADAMS ROAD  
DEFUNIAK SPRINGS FL 32433  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
DAYS INN

Suite, Apt. #, etc.  
DAYS INN

City & State  
472 - Hugh Adams RD  
Defuniak Springs

City & State  
472 - Hugh Adams RD  
Defuniak Springs

Zip

32433

Country

U.S.

Zip

32433

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3503174

Applied For  
Not Applicable

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, CHANDRA  
472 HUGH ADAMS RD  
DEFUNIAK SPRINGS FL 32433

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

**FILE NOW!!! FEE IS \$150.00**  
\* After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☒

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PATEL, CHANDRA  
STREET ADDRESS 472 HUGH ADAMS RD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

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

TITLE D  
NAME PATEL, BHAMU  
STREET ADDRESS 472 HUGH ADAMS RD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CHANDRA PATEL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (850) 892-6115  
Date Daytime Phone #

CR2E034 (10/02)