

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038409

1. Entity Name

LAXMI-VISHNU INVESTMENTS INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90214 045 ***150.00

Principal Place of Business

114 W HWY 90
BONITAY FL 32425
US

Mailing Address

114 W HWY 90
BONIFAY FL 32425

2. Principal Place of Business

Bonifay
Suite, Apt. #, etc.

3. Mailing Address

114 W Hwy 90
Suite, Apt. #, etc.

City & State

Bonifay FL

City & State

Bonifay FL

4. FEI Number

59-3567368

Applied For

Not Applicable

Zip

Country

32425

Holmes

Zip

Country

32425

Holmes

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, KAUUSHIKKUMAR H
114 W HWY 90
BONIFAY FL 32425

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PATEL, KAUUSHIKKUMAR H
STREET ADDRESS 114 W HWY 90
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE ST ☐ Delete
NAME PATEL, JUTOBEN
STREET ADDRESS 114 W HWY 90
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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)(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:

Kashile K. Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AP-30th 01 547-4167

CR2E034 (10/00)