


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90136 003 ***150.00

DOCUMENT # P98000074728					
1. Entity Name AKSHAR INVESTMENT, INC.					
Principal Place of Business 11305 U.S. 92 E. SEFFNER FL 33584			Mailing Address 11305 U.S. 92 E. SEFFNER FL 33584		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3531509	
				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATEL, HETAL 11305 U.S. 92 E. SEFFNER FL 33584			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PD	PATEL, HETAL	11305 U.S. 92 E. SEFFNER FL 33584		
			<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	VPD	PATEL, SURESH	11305 U.S. 92 E. SEFFNER FL 33584		
			<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	S	PATEL, GOVINDBHAI	8403 PORTAGE AVE. TAMPA FL 33647		
			<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	TRC	PATEL, VITTHALBHAI	8403 PORTAGE AVE. TAMPA FL 33647		
			<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	KIRIT	PATEL	8403 PORTAGE AVE TAMPA FL 33647		
			<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
			<input type="checkbox"/> Delete		
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: _____ SIGNATURE REQUIRED 4/28/3					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)