

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

DOCUMENT # **P98000096286**

1. Entity Name

AKSHAR INC. OF NORTH FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8182 SR 6 West

Suite, Apt. #, etc.

3. Mailing Address

8182 SR 6 West

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jasper FL

Zip

32052

Country

USA

City & State

Jasper FL

Zip

32052

Country

USA

4. FEI Number

31-1394319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NICK A. PATEL

Street Address (P.O. Box Number is Not Acceptable)

8182 SR 6 West

City

Jasper FL

Zip Code

32052

**DO NOT WRITE
IN THIS SPACE**

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

4/20/02

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 \$61.25

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	D NICK A. Patel 8182 SR 6 West Jasper, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vanita N. Patel 8182 SR 6 West Jasper, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005754502--0 -06/11/02--01109--021 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005754502--0 -06/11/02--01109--022 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, with all other like or empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK PATEL
Pres.

Date

4/20/02

Daytime Phone #

386.792-1987

CR2E034B (12/01)