

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

192

ATX1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 30 AM 8:00

DOCUMENT #	P98000102050
1. Entity Name	SHIV SHANTI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 851 E. S.R. 434 # 164/166 Suite, Apt. #, etc.	3. Mailing Address 125 PINEFIELD DRIVE Suite, Apt. #, etc.
City & State LONGWOOD, FL Zip 32750	City & State SANFORD FL Zip 32771
Country	Country USA

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0894277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name HERMAN SINGH	
Street Address (P.O.-Box-Number-is-Not-Acceptable) 500 E. STATE RD. 436, STE. 2022	
City CASSELBERRY	Zip Code 32707

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 See sheet attached w/ signature.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

0. OFFICERS AND DIRECTORS

TITLE	P
NAME	MODHA MAHESH K
STREET ADDRESS	851 E. S.R. 434, # 164/166
CITY-ST-ZIP	LONGWOOD, FL 32750

11.

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Smother
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 06/27/04 Daytime Phone # 321-253-5404

407-327-1723

FROM :

FAX NO. : 4078314407

Jul. 07 2004 11:10AM P1

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HERMAN SINGH

Member - American Institute of Certified Public Accountants

Div. of corporation
Attention: Ruby Dunlap

VIA FACSIMILE : 850-245-6017

Please be advised that I accept the obligation of registered agent of Shiv Shanti, Inc.

Sincerely,


Herman Singh

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SHIV SHANTI, INC
125 Pinefield Drive
Sanford, FL 32771

May 19, 2004

Fl. Dept. of State
Division of Corporation, Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL-32302-1500

Dear Sir/Madam:

Please be advised that the review of our records indicate that we were not in receipt of the annual first and second corporate renewal forms from your office for the years 2003 and 2004. We respectfully submit for your perusal such forms for the respective years and also we enclose our check in the amount of \$ 300.00 representing payment for such years.

Kindly accept our report and waive any penalties associated with such filing. Your uppermost attention to this matter is appreciated.

Sincerely,



Mahesh Modha, Director
