

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043289

1. Entity Name

SHREE BALAJI, INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91326 021 \*\*\*150.00

Principal Place of Business      Mailing Address  
 3800 U.S. Hwy 98 North      203 E Central Ave.  
 Ste 850      Winter Haven, FL 33880  
 Lakeland, FL 33809

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
 65-0919315      Not Applicable

Zip      Country      Zip      Country      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, Mukesh M.      Name  
 203 E. Central Ave.      Street Address (P.O. Box Number is Not Acceptable)  
 Winter Haven, FL 33880      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

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to:**  
**Department of State**

| 10. OFFICERS AND DIRECTORS |                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                 |                                   |
|----------------------------|------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | President              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | Patel, Mukesh M.       |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 203 E. Central Ave.    |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | Winter Haven, FL 33880 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | Vice President         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | Patel, Bhupendra K.    |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 231 Ruby Lake Lane     |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | Winter Haven, FL 33884 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |

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 617, 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: Mukesh M. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01 863-815-9210

CR2E037 (11/00)