

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90470 013 ***150.00

DOCUMENT # P99000045905

1. Entity Name

RAMESVAR, INC.

Principal Place of Business

**203 E. CENTRAL AVE.
WINTER HAVEN FL 33880**

Mailing Address

**203 E. CENTRAL AVE.
WINTER HAVEN FL 33880**

2. Principal Place of Business

421 North Alfaya Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3577124

Applied For

Not Applicable

Zip

32828

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANGUS, ROBERT W
1362 HAVENDALE BLVD.
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name

Mukesh M. Patel

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

203 E. Central Ave.

City

Winter Haven**FL**Zip Code
33880

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 **Mukesh M. Patel**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-019. 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATEL, MUKESHKUMAN M	
STREET ADDRESS	203 E. CENTRAL AVE.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mukesh M. Patel	
STREET ADDRESS	828 Chamberlain Loop	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bhupendra M. Patel	
STREET ADDRESS	828 Chamberlain Loop	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hiren M. Patel	
STREET ADDRESS	828 Chamberlain Loop	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Mukesh M. Patel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-01

CR2E034 (10/00)