1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # V70889**

. Corporation Name

HANSA VISNAGARA, INC.

Principal Place of Business
3750 SE 36TH AVENUE OCALA FL 34471 US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

3750 SE 36TH AVENUE OCALA FL 34471

US

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90095 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

10/14/1992

4. FEI Number

21		26				<u>59-3145671</u>		l N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt.	#, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired		Fee R	equired
City & State	e	City & Sta	te			6. Election Campaign Financing		\$5.00	May Be
23	-	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	*****	Country		8. This corporation owes the curr	ent vear Inta	naible	
—, ·	25	29	30	1 .		Personal Property Tax.	-	☐Yes	□No
24	9. Name and Address of Current					10. Name and Address of New R	legistered A	gent	
	3. Name and Address of Content	ricegistated Age.		81	Name		<del>_</del>		
PATEL, PRADODH C						•			
815 ORIENTA AVE					Street Addre	ss (P.O. Box Number is Not Accepta	ible)		
SUITE 6									
ALTAMONTE SPRINGS FL 32701									
SIN STANSON IE SPRINGS PL 32701					City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, FI	orida Statutes,	the above	-named corpo	ration submits this statement for the	purpose of c	nanging it	s registered
office or r	egistered agent, or both, in the State o	of Florida. Such ch	ange was autho	onzea by	tne corporatior	s's board of directors. I hereby accep	ot the appoin	iment as r	egistered
agent. I a	m familiar with, and accept the obligat	ions of, Section by	r.usus, rionda	Statutes.	•				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable	(NOTE: Rec	ustered Agen	t signature required	when reinstating)	DATE		
12.	Signature, typed or printed name or registered agent		(AOTE, Reg	13.		ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
TITLE	D OF HOLIO AND		DELETE	1.1 TITLE				Change	
		_		1.2 NAME					
NAME	VISNAGARA, HANSA								
STREET ADDRESS	3750 SE 36TH AVENUE			1.3 STREET	i				
C!TY-ST-ZIP	OCALA FL		l perete	1.4 CITY-S	T- ZIP			Change	[ Addition
TITLE		L	DELETE	2.1 TITLE	-			Citalige	
NAME				2.2 NAME	)				
STREET ADDRESS	:			2.3 STREET	ADDRESS				
CITY-ST-ZIP				2.4 CITY-S	T- ZIP				
TITLE			DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	TADDRESS				
CITY-ST-ZIP				3.4. CITY-S	IT-ZIP				
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
				4.4 CITY-S					
CITY-ST-ZIP TITLE		Г	DELETE	5.1 TITLE	1-211			☐ Change	Addition
		_	,	5.2 NAME					
NAME				5.3 STREET	ADDRESS				
STREET ADDRESS				5.4 CITY-S					
CITY-ST-ZIP			) DELETE	6.1 TITLE	1-215			Change	Addition
TITLE		L	DELETE						
NAME	[			6.2 NAME					
STREET ADDRESS				6.3 STREET					
CITY-ST-ZIP				6.4 CITY-S					
14. I hereby	certify that the information supplied with	th this filing does n	ot qualify for the	e exempti	ion stated in Se	ection 119.07(3)(i), Florida Statutes.	I further cert	fy that the	information

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hanga Vishin agree / Preside

5-17-99

Daytime Phi

CR2E034 (11/98)