

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90299 023 \*\*\*150.00

**DOCUMENT # H08317**

1. Entity Name  
**MNM MOTELS, INC.**

Principal Place of Business      Mailing Address  
**244 N FLORIDA AVE**      **244 NORTH FLORIDA AVE.**  
**LAKELAND FL 33801**      **LAKELAND FL 33801**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2422553**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEV, MAHENDRA**  
**244 NORTH FLORIDIA AVE**  
**LAKELAND FL 33801**

**7. Name and Address of New Registered Agent**

Name

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. 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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DEV, MAHENDRA</b>	
STREET ADDRESS	<b>224 NORTH FLORIDIA AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEV, JYOTI MAHENDRA</b>	
STREET ADDRESS	<b>224 NORTH FLORIDIA AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, MOHANBHAI D.</b>	
STREET ADDRESS	<b>1503 EDMOND DRIVE</b>	
CITY-ST-ZIP	<b>SAN CARLOS CA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, BHARTIBEM M.</b>	
STREET ADDRESS	<b>1503 EDMOND DRIVE</b>	
CITY-ST-ZIP	<b>SAN CARLOS CA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, NATUBHAI D.</b>	
STREET ADDRESS	<b>1819 MONTECITO WAY</b>	
CITY-ST-ZIP	<b>BURLINGAME CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, NARMADABEN N.</b>	
STREET ADDRESS	<b>1819 MONTECITO WAY</b>	
CITY-ST-ZIP	<b>BURLINGAME CA</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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:** Mahendra Dev MAHENDRA DEV      2-1-01      863-687-2530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)