

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90196 001 ***150.00

05633794 AV

DOCUMENT # H28603

1. Entity Name
MAYA MOTELS, INC.



Principal Place of Business
**4486 N SUNCOAST BLVD
CRYSTAL RIVER FL 34428
US**

Mailing Address
**2380 NW US-19
CRYSTAL RIVER FL 34428
US**

2. Principal Place of Business

3. Mailing Address
1610 S.E. PARADISE CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CRYSTAL RIVER, FL.

4. FEI Number **59-2459944**

Applied For

Not Applicable

Zip

Country

Zip
34429

Country
CITRUS

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DESAI, PARESH G.
507 NW 9TH AVE.
CRYSTAL RIVER FL 34429**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **DESAI, PARESH G.**
STREET ADDRESS **507 NW 9TH AVE.**
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **P** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **PATEL, KAMLESH N.**
STREET ADDRESS **507 NW 9TH AVE.**
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **PATEL, MAYUR**
STREET ADDRESS **2380 NW US 19**
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **T, S** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **MAYOR, PATEL**
STREET ADDRESS **2380 NW US 19**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/03

Date

352/795/3111

Daytime Phone #

CR2E034 (10/02)