

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90439 001 \*\*\*150.00  
 05-14-2002 90439 002 \*\*\*\*\*8.75

**DOCUMENT # P01000026166**

1. Entity Name  
**MOHID PATIL, INC.**

Principal Place of Business      Mailing Address  
**675 ASHFORD OAKS DRIVE STE 206**      **675 ASHFORD OAKS DRIVE STE 206**  
**ALTAMONTE SPRINGS FL 32714**      **ALTAMONTE SPRINGS FL 32714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**360, W. Fairbanks Ave.**

3. Mailing Address  
**669, Ashford Oaks Dr.**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.  
**# 203**

City & State  
**Winter Park - FLORIDA**      **Altamonte Springs - FL**

4. FEI Number  
**59-3721666**      Applied For  
 Not Applicable

Zip      Country      Zip      Country  
**32789**      **U.S.A.**      **32714**      **USA**

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**

**GUDADHE-PATIL, GARGI P**  
**675 ASHFORD OAKS DRIVE STE 206**  
**ALTAMONTE SPRINGS FL 32714**

Name: **GUDADHE-PATIL, GARGI P**  
 Street Address (P.O. Box Number is Not Acceptable)  
**669, Ashford Oaks Drive APT # 203**  
 City **ALTAMONTE SPRINGS FL**      Zip Code **32714**

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 \_\_\_\_\_

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, 2002 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**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>MOHID, ZAHUR</b>	<b>675 ASHFORD OAKS DRIVE STE 206 - ALTAMONTE SPRINGS FL 32714</b>		<b>D</b>	<b>GUDADHE-PATIL, PRADEEP</b>	<b>669, Ashford Oaks Dr. # 203 Altamonte Spgs. FL 32714</b>
		<b>DPV</b>	<b>GUDADHE-PATIL, GARGI P</b>		<b>MPV</b>	<b>GUDADHE-PATIL, GARGI P</b>	<b>669, ASHFORD OAKS DR. STE 203 ALTAMONTE SPRINGS FL 32714</b>
		<b>ST</b>	<b>GUDADHE-PATIL, GARGI P</b>		<b>ST</b>	<b>GUDADHE-PATIL, GARGI P</b>	<b>669, ASHFORD OAKS DR. STE 203 ALTAMONTE SPRINGS, FL 32714</b>

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: *Gargi Patil*      **4/25/02**      **407-645-4509**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)