2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90217 004 ***150.00

001430 AT

DOCUMENT # P02000124940

1. Entity Name
CHIR N DIP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
430 JAMES PLACE SAINT CLOUD FL 34769-5311	430 JAMES PLACE SAINT CLOUD FL 34769-5311

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
413 JAMES PLACE	413 JAMES PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAINT CLOUD FL	City & State: SAINT CLOUD FL
Zip: 34769-5311 Country: OSCEOLA	Zip: 34769-5311 Country: OSCEOLA

4. FEI Number ☑ Applied For ☐ Not Applicable

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
PATEL, RAJESH C 430 JAMES PLACE SAINT CLOUD FL 34769-5311	Name: PATEL RAJESH C Street Address (P.O. Box Number is Not Acceptable): 413 JAMES PLACE City: SAINT CLOUD FL Zip Code: 34769-5311

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]
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, KIRANBHAI J 430 JAMES PLACE SAINT CLOUD FL 34769-5311 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL KIRANBHAI J 413 JAMES PLACE SAINT CLOUD FL 34769-5311 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] SIGNATURE REQUIRED 4-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)