

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90095 028 ***150.00

0055570

DOCUMENT # P97000018830

1. Entity Name
RONAK & ANISH CORPORATION

Principal Place of Business
355 KNOX MCRAE DRIVE
2335 TEMPLE TL
WINTER PARK FL 32789-151
US

Mailing Address
355 KNOX MCRAE DRIVE
TITUSVILLE FL 32780

A0020024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1950 W. Park Ave
 Suite, Apt. #, etc.

3. Mailing Address
1950 W. Park Ave
 Suite, Apt. #, etc.

City & State
Edgewater
 Zip
FL-32132 Country
Volusia

City & State
Edgewater, FL
 Zip
32132 Country
Volusia

4. FEI Number **59-3429907**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PATEL, KIM
285 AUTUMN BREEZE WAY
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 Name **PANNA PATEL**
 Street Address (P.O. Box Number is Not Acceptable)
1950 W. Park Ave
 City **Edgewater, FL** Zip Code **32132**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, V.M. 285 AUTUMN BREEZE WAY WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO PATEL, KAMLESH 285 AUTUMN BREEZE WAY WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO PATEL, MANISHA 285 AUTUMN BREEZE WAY WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO PATEL, PANNA 1950 W. PARK AVE. EDGEWATER, FL-32132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **(X) [Signature]** Date **2/10/01** Daytime Phone # **904-426-8806**

CR2E034 (10/00)