

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90144 049 \*\*\*150.00

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**DOCUMENT # P98000040849**

1. Entity Name  
**MADHU GROUP, INC.**



Principal Place of Business  
1553 N. NOVA RD  
HOLLY HILL FL

Mailing Address  
1553 N. NOVA RD  
HOLLY HILL FL



2. Principal Place of Business  
**3235 B GARDEN STREET**

3. Mailing Address  
**3235 B GARDEN STREET**

Suite, Apt. #, etc.  
**3235 B GARDEN STREET**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**TITUSVILLE FLORIDA**

City & State  
**TITUSVILLE FLORIDA**

4. FEI Number  
**59-3513501**

Applied For  
 Not Applicable

Zip  
**32796**

Country  
**U.S.A**

Zip  
**32796**

Country  
**U.S.A**

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 ANZSH, N**  
**3648 DAME ST**  
**PORT ORANGE FL 32119**

Name

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

**1558 WEST POWDER HORN ROAD**

City **TITUSVILLE** FL Zip Code **32796**

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 \_\_\_\_\_ (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	<b>P</b> <b>PATEL, ANISH N</b> <b>3648 D AME ST.</b> <b>PORT ORANGE FL 32119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PATEL ANISH N</b> <b>1558 WEST POWDER HORN ROAD</b> <b>TITUSVILLE FL 32796</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED 04/29/03 321-383-1850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)