

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101079

1. Entity Name
SHREEGI ENTERPRISES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90090 050 ***150.00

Principal Place of Business
4523 BRADY LANE
PALM BEACH GARDENS FL 33418

Mailing Address
4523 BRADY LANE
PALM BEACH GARDENS FL 33418-5701

2. Principal Place of Business
121 N US HWY 1

3. Mailing Address
121 N US HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tequesta
Jupiter FI

City & State
Tequesta FI

4. FEI Number
65 0962897

Applied For
Not Applicable

Zip
33469

Country
USA

Zip
33469

Country
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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
Patel Mukund C

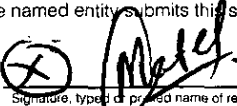
Street Address (P.O. Box Number is Not Acceptable)
4523 Brady Lane

City
P.B.G.

FL

Zip Code
33418

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, 2000 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
PSD
PATEL, MUKUND C
4523 BRADY LANE
PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
PATEL, USHA M
4523 BRADY LANE
PALM BEACH GARDENS FL 33418 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

Daytime Phone #

829501



DO NOT WRITE IN THIS SPACE