

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90022 012 \*\*\*150.00

718504



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 623257</b>			
1. Entity Name <b>FORWARD TRAVEL OF JACKSONVILLE, INC.</b>			
Principal Place of Business <b>7411 BISCAYNE BLVD. MIAMI FL 33138</b>		Mailing Address <b>7411 BISCAYNE BLVD. MIAMI FL 33138</b>	
2. Principal Place of Business <b>7422 Biscayne Blvd</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State	
Zip <b>33138</b>		Country	
4. FEI Number <b>59-2360324</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>PATEL, MAHESHKUMAR J 7420-22 BISCAYNE BLVD MIAMI FL 33138</b>		7. Name and Address of New Registered Agent Name <b>Dipak B. Patel</b> Street Address (P.O. Box Number is Not Acceptable) <b>7422 Biscayne Blvd.</b> City <b>Miami</b> FL Zip Code <b>33138</b>	
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 <u><i>X Dipak Patel</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/6/01</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> <input checked="" type="checkbox"/> Delete	NAME <b>PATEL, MAHESHKUMAR J.</b>	TITLE <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Dipak B. Patel</b>
STREET ADDRESS <b>7420-22 BISCAYNE BLVD</b>		STREET ADDRESS <b>7422 Biscayne Blvd.</b>	
CITY-ST-ZIP <b>MIAMI FL 33138</b>		CITY-ST-ZIP <b>Miami FL 33138</b>	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u><i>X Dipak Patel</i></u>		Date <u>2/6/01</u> Daytime Phone # <u>305-7546657</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (10/00)