

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 29 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials: mf 4/16



DO NOT WRITE IN THIS SPACE

DOCUMENT # A13181
1. Entity Name
SANJAY, LTD.

Principal Place of Business: 1110 N. ATLANTIC AVE, DAYTONA BCH. FL 32118
Mailing Address: 1110 N. ATLANTIC AVE, DAYTONA BCH. FL 32118-3629

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-2251172**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PATEL, HARSHAD N.
1110 N. ATLANTIC AVENUE
DAYTONA BEACH FL 32018

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ State: **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$25,000.00**
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	PATEL, HARSHAD N
NAME	1110 N. ATLANTIC AVE.
STREET ADDRESS	DAYTONA BEACH FL
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	400003207134--8
CITY - ST - ZIP	04/13/00-01049-010
STREET ADDRESS	****263.75 ****263.75
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Harshad Patel* DATE: 3.14.00 DAYTIME PHONE #: 904.258.0482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)