

**2001 UNIFORM BUSINESS REPORT (UBR)**

192

0001987 A1

<b>DOCUMENT # A13181</b>		<b>FILED</b>	
1. Entity Name <b>SANJAY, LTD.</b>		01 AUG 20 PM 12:17	
Principal Place of Business 1110 N. ATLANTIC AVE DAYTONA BCH. FL 32118		Mailing Address 1110 N. ATLANTIC AVE DAYTONA BCH. FL 32118	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2251172</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PATEL, HARSHAD N.</b> <b>1110 N. ATLANTIC AVENUE</b> <b>DAYTONA BEACH FL 32018</b>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DUE BY SEPTEMBER 26, 2001**

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 8-20-01

9. Capital Contributions as Shown on record. **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>PATEL, HARSHAD N</b> <b>1110 N. ATLANTIC AVE.</b> <b>DAYTONA BEACH FL</b>	STREET ADDRESS CITY-ST-ZIP	<b>300004557183--0</b> <del>08/27/01-01024-025</del> <b>****263.75 ****263.75</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] **SIGNATURE REQUIRED** 8-20-01 386-258-0482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #

STAPLE CHECK HERE

CR2E003 (5/01)