

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 30 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*4/10*



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # A21713</b>			
1. Entity Name <b>PARIKH PROPERTIES, LTD.</b>			
Principal Place of Business <b>598 STERTHAUS AVE. ORMOND BEACH FL 32174</b>		Mailing Address <b>P.O. BOX 149428 ORLANDO FL 32814-9428</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>PARIKH, MADHU 598 STERTHAUS AVE ORMAND FL 32174</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City, <b>FL</b> 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 <i>[Signature]</i> <b>3/24/2000</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
9. Capital Contributions as Shown on record. <b>\$20.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>PARIKH, MADHUSUDAN 598 STERTHAUS AVE. ORMOND BEACH FL</b>	STREET ADDRESS CITY - ST - ZIP	<b>600003209696--2 -04/14/00--01073--017 ****141.25 ****141.25</b>
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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: <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<b>3/24/2000</b> <small>Date Daytime Phone #</small>	

CP2E003 (9/99)