FILED Apr 03, 2003 8:00 am § Secretary of State

04-03-2003 90108 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F02000002785

1. Entity Name

SOUTHEAST BAPS DEVELOPMENT, INC.

Principal Place of Business
7300 S.W. 10TH STREET
PLANTATION FL 33317

Mailing Address

7300 S.W. 10TH STREET PLANTATION FL 33317

•								
2. Principal Place of Business 541 S.E. 18 th AVE. 541 S.E. 18 to					T I DEFINED LITH REFINE THEM HERRY BURN BORN BORN BORN BORN HOUR HOURS HAIRT ENH COMP			
541 S.E. 18, 00 A.VE. 541 S.E. 18, 6 Suite, Apt. #, etc. Suite, Apt. #, etc.				AVE	_			
		, ,			CHECK HERE IF MAKING CHANGES	_		
BOY N	TON BEACH, FL	City & State BOYN TON	BEAC	H, FL	4. FEI Number 31-1775415 Applied For Not Applicable	е		
384 384	35 Country S.A.	^{Zip} 3485	Country U	ίς, Α.	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	7		
DATEL HITCHIDDA A				Name				
PATEL, JITENDRA A 7300 SW 10TH ST				Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 31317								
PLANIATION PL 31317						_		
·					City 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. I am familiar with, and accept the obligations of registered agent.								
The colligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
		, to		gon dignatoro roq		\dashv		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing \$5.00 May Be			
,	Payable to Florida Department of	State			Trust Fund Contribution.			
10.	OFFICERS AND D	PIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	١.		
TITLE	PD A	☐ Delete	TITLE	P	UTHAR SHAMAL Change Addition	1		
NAME STREET ADDRESS	SUTHAR, SHAMEL 5401 WESTBAND AVE., SUITE 131	01	NAME STREET	ADDRESS 54	401 WESTBAND AVE, SUITE 1301			
CiTY-ST-ZIP	BETHESDA MD 20816	V 1	CITY-ST	r-zip R	BETHESDA, MD-20816			
TITLE	VD H	☐ Delete	TITLE			; [;		
NAME	PATEL, MAPËNDRA C		NAME	Pf	ATEL, MAHENDRA C. Bechange Addition 24 FOWLER CIRCLE			
STREET ADDRESS	OL I TOMELITOMOLE			ATY-ST-ZIP RIRMINIGHAM AL-35215				
CITY-ST-ZIP	BIRMINGHAM AL 35215			1-21P B	SIRMINGHAM AL-352/5	4		
TITLE NAME	SD	Delete 🗻 🧸	TITLE NAME		, Change Addition	1		
STREET ADDRESS	7300 SW 10TH STREET			ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		CITY-ST	r-ZIP				
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	٦		
NAME	PATEL, VINUBHAI		NAME					
STREET ADDRESS CITY-ST-ZIP	3052 BRYANT LANE MARIETTA GA 30066		STREET A	ADDRESS				
TITLE	D M	☐ Delete	TITLE		Change Addition	\vdash		
NAME	PATEL, GHANSBYANN M	i Delete	NAME	PA	ATCL GHANSHYAM IVI	}		
STREET ADDRESS	40 ROUND HILL DRIVE			ADDRESS 3	41 W. MAIN ST.	}		
CITY-ST-ZIP	FREEHOLD NJ 07728	<u> </u>	CITY-ST	-ZIP F. K	RECHOLD, NJ-07728	_		
TITLE		☐ Delete	TITLE		Change Addition			
NAME STREET ADDRESS			NAME STREET A	ADDRESS				
CITY-ST-ZIP			CITY-ST					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: