FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2001 8:00 am **DOCUMENT # F40193** Secretary of State BEVERLY BEACH ENTERPRISES, INC. 03-26-2001 90167 018 ***150.00 Principal Place of Business Mailing Address 2816 N. OCEANSHORE BLVD. P O BOX 1048 P.O. BOX 1048 FLAGLER BCH FL 32136 733433 FLAGLER BCH FL 32136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-2102024 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) SUITE 920, 444 SEABREEZE BLVD. DAYTONA BEACH FL 32018 Zin Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE PARIKH, MADHU NAME NAME STREET ADDRESS 1519 OAK FOREST DRIVE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change PATEL, MAHESH NAME NAME STREET ADDRESS 29 RUBBLY RD. STREET ADDRESS CITY-ST-7IP WENHAM MA CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PATEL, SIDDHARTH J. NAME NAME^{*} STREET ADDRESS **4 TIFANY CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL Change ☐ Delete ☐ Addition TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIDDHARTH J.PATEL V-PRESIDENT/DIRECTOR

Daytime Phone

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