FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F56468

1. Corporation Name

RUPEE PATEL CORPORATION

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90083 003 ***150.00

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Principal Place	e of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	61911 91811 1991
33275 PHEASAN		425 GWINN COURT						
FREEMONT CA 94555 SAN JOSE CA 95111					DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed		
						11/24/1981		ļ
2. Principal Place of Business 2a. Mailing Address					_			Applied For
21 26					59-2139773	39773 Not A		
Suite, Apt. #, etc. Suite, Apt. #, etc.						¥ • · · ·	5 Additional	
27		27	<u> </u>			5. Certificate of Status Desired	Fee	Required
		City & State				6. Election Campaign Financing \$5.00 May Be		
23	28					Trust Fund Contribution	Adde	ed to Fees
Zip	Country				8. This corporation owes the current year Intangible			
24	25 29 30)	, Glocker Foresty toxi		☐Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New Regist	erea Agent	
, CVI	TAM DATE		١	B1 Name				
	TAM, PATEL		1	32 S	treet Addres	et Address (P.O. Box Number is Not Acceptable)		
ROUTE 13 BOX 631 LAKE CITY FL 32055								
LAN	E CITT FL 32033			83				
1			8	84 C	ity		85 Z	ip Code
				<u> </u>			FL "	-
l office or r	agistared agent or both in the State	of Florida, Such change was auff	iorizea t	ov ine	amed corpor corporation	ration submits this statement for the purpo 's board of directors. I hereby accept the	se or changing appointment as	registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Florid	a Statut	es.				ļ
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable (NOTE: 9)	nistered A	nent sign	nature required	when reinstating) DA	TE	
12.	<u> </u>	ND DIRECTORS	13.	gom og.		ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITU	E			☐ Chan	ge Addition
NAME	PATEL, GAUTAM R.		1.2 NAM	Æ	ļ			
STREET ADDRESS	425 GWINN CT.		1.3 STR	EET ADO	ORESS			
CITY-ST-ZIP	SAN JOSE CA		1.4 CITY	/-ST-ZIF	,			
TITLE	VD	☐ DELETE	2.1 TπU				☐ Chan	ge
NAME	PATEL, RASIK N		2.2 NAM	λE	- }			-
STREET ADDRESS	33275 PHEASANT ST		2.3 STR	EET ADD	ORESS			1
CITY-ST-ZIP	FREEMONT, CA 94536		2.4 CIT	Y-ST-ZI	P			
TITLE	T	☐ DELETE	3.1 TITL		_		Chan	ge 🗌 Addition
NAME	PATEL, GAUTAM, R		3.2 NAM	Æ)			1
STREET ADDRESS	425 GWINN CT.		3.3 STR	EET ADD	ORESS	•		1
CITY-ST-ZIP	SAN JOSE CA		3.4. CIT	Y-ST-ZII	P	<u> </u>		
TITLE	-	☐ DELETE	4.1 TITL	E			☐ Chan	ige Addition
NAME			4. 2 NAM	ME				ľ
STREET ADDRESS			4.3 STR	EETADO	ORESS			
CITY-ST-ZIP			4.4 CITY	Y-ST-ZIF	,			
TITLE		☐ DELETE	5.1 TITL				☐ Chan	ige 🗌 Addition
NAME			5.2 NAM	Æ				
STREET ADDRESS			5.3 STR	EET ADI	DRESS			
CITY-ST-ZIP			5.4 CITY	Y-ST-ZIF	,			
TITLE		☐ DELETE	6.1 TITL	E			☐ Char	nge
NAME			6.2 NAM	ΛE				}
STREET ADDRESS			6.3 STR	REET ADI	DRESS			
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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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.