

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G46079**

1. Entity Name
CASINO DAIRY AND JUICE BAR, INC.

Principal Place of Business

% PATRICIA D. MCGLYNN
4 SOUTH OCEAN BLVD
LAKE WORTH FL 33460

Mailing Address

% PATRICIA D. MCGLYNN
6433 LANTANA PINES DRIVE
LANTANA FL 33462

2. Principal Place of Business

% DUSHYANT PATEL
Suite, Apt. #, etc.
4 SOUTH OCEAN BLVD

3. Mailing Address

DUSHYANT PATEL
Suite, Apt. #, etc.
4 SOUTH OCEAN BLVD

City & State

LAKE WORTH

City & State

LAKE WORTH

Zip

FL

Country

33460

Zip

FL

Country

33460

6. Name and Address of Current Registered Agent

PATEL, RAJESHW
4 SOUTH OCEAN BLVD.
LAKE WORTH CASINO
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE RAJESHW PATEL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5th Nov 2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **T PATEL, JASHMINI**
STREET ADDRESS **4 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME **VP PATEL, DUSHYANT**
STREET ADDRESS **4 SOUTH OCEAN BLVD**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 a other like empowered.

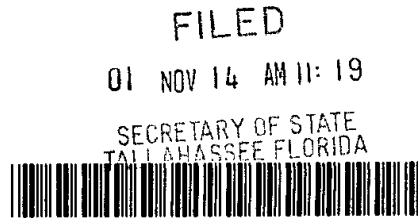
SIGNATURE: RAJESHW PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18th Oct 2001 588 0233



DO NOT WRITE IN THIS SPACE

0080491 AV

CR2E034 (5/01)

REINSTATEMENT

600004719336--6
-12/11/01--01073--016
****750.00 ****750.00