

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90057 040 ***150.00

DOCUMENT # H49334

1. Corporation Name
PATEL SHIPPERS, INC.

Principal Place of Business
250 SOUTH KROME AVENUE
HOMESTEAD FL 33030

Mailing Address
250 SOUTH KROME AVENUE
HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1985

4. FEI Number

59-2541318

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 18390 SW 232 ST

Suite, Apt. #, etc.

22 MIAMI FLORIDA

City & State

23 MIAMI FLORIDA

Zip Country

24 33170 25

2a. Mailing Address

26 18390 SW 232 ST

Suite, Apt. #, etc.

27 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip Country

29 33170 30

9. Name and Address of Current Registered Agent

PATEL, SUDHIRKUMAR R.
250 SOUTH KROME AVENUE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name PATEL, SUDHIRKUMAR R.

82 Street Address (P.O. Box Number is Not Acceptable)
18390 SW 232 ST

83

84 City MIAMI FL 85 Zip Code 33170

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SUDHIRKUMAR R. PATEL PRESIDENT

DATE

11/14/99

(NOTE: Registered Agent signature required when reinstating)

DELETED

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PATEL, SUDHIRKUMAR R.
STREET ADDRESS 250 SOUTH KROME AVENUE
CITY-ST-ZIP HOMESTEAD FL

TITLE VTS ☐ DELETE

NAME PATEL, DAKSHABEN S.
STREET ADDRESS 250 SOUTH KROME AVENUE
CITY-ST-ZIP HOMESTEAD FL

TITLE D ☐ DELETE

NAME PATEL, DAKSHABEN S.
STREET ADDRESS 250 SOUTH KROME AVENUE
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99 305-246-0025

0172475

CR2E034 (11/98)