## 2002 Uniform Business Report (UBR)

## Mar 28, 2002 8:00 am Secretary of State DOCUMENT # J34939 1. Entity Name 03-28-2002 90173 041 \*\*\*150.00 SAM PATEL INCORPORATED Principal Place of Business Mailing Address 184 IRVINE AVE 184 IRVINE AVE PALM BAY FL 32909-3743 PALM BAY FL 32909-3743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2813978 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATÉL, GHANSHYAM Street Address (P.O. Box Number is Not Acceptable) 184 IRVINE AVE PALM BAY FL 32907 City Zin 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE **PST** ☐ Delete TITLE Change PATEL, GHANSHYAM NAME NAME STREET ADDRESS STREET ADDRESS 184 IRVINE AVE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PATEL, GHANSHYAM STREET ADDRESS STREET ADDRESS 184 IRVINE AVE CITY-ST-ZIP CITY - ST-7IP PALM BAY FL ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.