

# 2001 UNIFORM BUSINESS REPORT (UBR)

57

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90108 007 \*\*\*150.00

DOCUMENT # **591811**

1. Entity Name

**13TH & ORANGE CORPORATION**

Principal Place of Business

Mailing Address

**1301 ORANGE AVENUE  
 FORT PIERCE, FL 34950  
 US**

**1301 ORANGE AVENUE  
 FORT PIERCE, FL 34950  
 US**

2. Principal Place of Business

3. Mailing Address

**630 SW Palmetto Cove**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Port St. Lucie, FL**

4. FEI Number

**65-0004857**

Applied For

Not Applicable

Zip

Country

Zip

**34986**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

**630 SW PALMETTO COVE**

City

**PORT ST LUCIE,**

**FL**

Zip Code  
**34986**

**PATEL, RANJANA  
 1301 ORANGE AVENUE  
 FORT PIERCE, FL 34950**

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)

DATE

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 \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT PATEL, RANJANA 630 SW PALMETTO COVE PORT ST LUCIE, FL 34986</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**4/20/01**

Date

Daytime Phone #

CR2E034 (11/00)