

2001 UNIFORM BUSINESS REPORT (UBR)

0031969 SP

DOCUMENT # L00000000175

1. Entity Name

MAYPORT PROPERTIES, LLC

FILED

01 FEB -1 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2389 MAYPORT ROAD
ATLANTIC BEACH FL 32233

Mailing Address

14021 SPOONHILL ST. NORTH
JACKSONVILLE FL 32224

2. Principal Place of Business

2389 Mayport Road
Suite, Apt. #, etc.

3. Mailing Address

14021 Spoonhill St N
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Atlantic Beach Fla 32233 JAX, Fla

City & State

JAX, Fla

4. FEI Number

58-2541587 APPLIED FOR 58-2541587

Applied For

Not Applicable

Zip

32233

Country

Doral

Zip

32224

Country

Doral

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DHARMA, SUNIL
3956 WEST COLONIAL DRIVE
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name KIRIT Patidar

Street Address (P.O. Box Number is Not Acceptable)
14021 Spoonhill St N

City Jacksonville

FL

Zip Code 32224

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 Kirit Patidar

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

(NOTE: Registered Agent signature required when reinstating)

1/19/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003708388--0
-02/16/01--01142--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM PATIDAR, KIRIT ☐ Delete
STREET ADDRESS 907 NORTH PETERSON AVENUE
CITY-ST-ZIP DOUGLAS GA 31533

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIRIT Patidar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/19/01 904-220-9790

Daytime Phone #

CR2E083 (11/00)