

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017635 AF

DOCUMENT # L00000001732

1. Entity Name  
HARE RAM, L.L.C.

FILED

01 MAR 15 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1505 EAST FOWLER AVE.  
TAMPA FL 33612

Mailing Address  
1505 EAST FOWLER AVE.  
TAMPA FL 33612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1505 E. Fowler Ave.  
Suite, Apt. #, etc.  
Tampa FL  
City & State

3. Mailing Address

P.O. Box 280562  
Suite, Apt. #, etc.  
City & State  
Tampa FL

4. FEI Number

593625540

Applied For

Not Applicable

Zip

33612

Country

Hillsborough

Zip

33682

Country

Hillsborough

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, CHIRAG V  
1505 EAST FOWLER AVE.  
TAMPA FL 33612

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-01

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

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PATEL, CHIRAG V  
1505 EAST FOWLER AVE.  
TAMPA FL 33612 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PATEL, MAYANK B  
1505 EAST FOWLER AVE.  
TAMPA FL 33612 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003893120--0  
-03/22/01--01077--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

3-13-01 813-966 3002

CR2E083 (11/00)