2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # **L00000003178**

1. Entity Name
E-GLOBAL CONSULTING SERVICES, LLC

Principal Place of Business	Mailing Address
9330 HUNTINGTON PARKWAY	PO BOX 47448
TAMPA FL 33647	TAMPA FL 33647

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [X] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIRZADA TAJDAR	Name: PATEL ULPA
303 SONOMA VALLEY CIRCLE	Street Address (P.O. Box Number is Not Acceptable): 9330, HUNTINGTON PARKWAY
ORLANDO FL 32835 US	City: TAMPA FL Zip Code: 33647

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 ULPA PATEL — 04/25/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	MGRM [ ] Delete	TITLE	MGRM [X] Change [ ] Addition
NAME	PATEL ULPA	NAME	PATEL ULPA
STREET ADDRESS	6885 PEACHTREE DUNWOODY RD NE #106	STREET ADDRESS	9330 HUNTINGTON PARKWAY
CITY-ST-ZIP	ATLANTA GA 30328	CITY-ST-ZIP	TAMPA FL 33647
TITLE	MGRM [ ] Delete	TITLE	MGRM [X] Change [ ] Addition
NAME	PATEL MANJULABEN	NAME	PATEL MANJULABEN
STREET ADDRESS	303 SONOMA VALLEY CIRCLE	STREET ADDRESS	9330 HUNTINGTON PARKWAY
CITY-ST-ZIP	ORLANDO FL 32835	CITY-ST-ZIP	TAMPA FL 33647
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ULPA PATEL — MGRM — 04/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)