

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001251

1. Entity Name

KIRDU INVESTMENTS, L.L.C.

Principal Place of Business

773 POWDER HORN ROW  
LAKELAND FL 33809

Mailing Address

773 POWDER HORN ROW  
LAKELAND FL 33809

2. Principal Place of Business

3. Mailing Address

773 POWDER HORN ROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2340 S. Ridgewood Drive

City & State EDgewater FL

City & State LAKE (AND)

Zip

Country

Zip

Country

32141

VOLUSIA

33809

FLORIDA

4. FEI Number

59-369 2098

Applied For

Not Applicable

5. Certificate of Status Desired ~

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOHIL, KISHORSINH B  
773 POWDER HORN ROW  
LAKELAND FL 33809

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete

NAME GOHIL, KISHORSINH B  
STREET ADDRESS 773 POWDER HORN ROW  
CITY-ST-ZIP LAKELAND FL 33809

TITLE MGRM ☐ Delete

NAME PATEL, INDRAPRAKASH B  
STREET ADDRESS 2646 EVERLETH CT.  
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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:

*[Signature]* **SIGNATURE REQUIRED**

1-7-02

863-687-1818

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

Date

Daytime Phone #

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90029 002 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)