5/2

5/2

FILED
Sep 02, 2002 8:00 am
Secretary of State
05-22-2002 90200 011 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012986

1. Entity Name

TRIVEDI ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
2905 REYNOLDS ROAD LAKELAND FL 33801	2905 REYNOLDS ROAD LAKELAND FL 33801

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12531 S. Orange Blossom Trail	12531 S. O.B.T.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32837 Country: USA	Zip: 32837 Country: USA

4. FEI Number: 59-3735473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIVEDI, BIMAL
2905 REYNOLDS RD
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name: Shamilla Sam

Street Address (P.O. Box Number is Not Acceptable): 12531 S. Orange Blossom Trail

City: Orlando FL Zip Code: 32837

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: X Shamilla Sam 6/10/02
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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TRIVEDI, BIMAL 2905 REYNOLDS ROAD LAKELAND FL 33801	☒ Delete	MGRM Shamilla Sam 12531 S. Orange Blossom Trail Orlando, FL 32837	☐ Change	☒ Addition
		☐ Delete	MGRM Roy Sam 12531 S. Oranage Blossom Trail Orlando, FL 32837	☐ Change	☒ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

CR2E083 (9/01)

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: X SIGNATURE REQUIRED Shamilla Sam 6/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #