

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90138 002 \*\*\*\*50.00

**DOCUMENT # L01000020709**

1. Entity Name  
**M.S. PATEL & COMPANY USA, LLC**

Principal Place of Business

**15 S.W. 10TH STREET  
 Ocala FL 34474**

Mailing Address

**15 S.W. 10TH STREET  
 Ocala FL 34474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2978583**

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

**BHAVSAR, KASHMIRA I ESQ  
 105 E. ROBINSON STREET, 4TH FLOOR  
 ORLANDO FL 32801**

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

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **PATEL, HETNESH S**  
 CITY-ST-ZIP **14 PAULING ROAD, SUBURBS, P.O. BOX 374  
 BULAWAYO, MATLAND, ZIMBABWE**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **PATEL, SUMANT M**  
 CITY-ST-ZIP **14 PAULING ROAD, SUBURBS, P.O. BOX 374  
 BULAWAYO, MATLAND, ZIMBABWE**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **PATEL, JAYESH S**  
 CITY-ST-ZIP **14 PAULING ROAD, SUBURBS, P.O. BOX 374  
 BULAWAYO, MATLAND, ZIMBABWE**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **PATEL, ANEETA**  
 CITY-ST-ZIP **45 ERICA HEPBURN AVENUE, ILANDA  
 BULAWAYO, MATLAND, ZIMBABWE**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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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 REQUIRED**

**A.D. Patel ANEETA PATEL 4/20/2002**

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

Date

Daytime Phone #

CR2E083 (9/01)