

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L94000000379
1. Entity Name
CHANDRA, GAYDEN & PATEL, L.C.

Principal Place of Business 20 E. MELBOURNE AVENUE #104 MELBOURNE FL 32901	Mailing Address 20 E. MELBOURNE AVENUE #104 MELBOURNE FL 32901-5970
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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 59-3268180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CHANDRA, RAJIV
20 EAST MELBOURNE AVENUE
#104
MELBOURNE FL 32901

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: (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

TITLE NAME	MGRM PATEL, BACHU, m b	<input type="checkbox"/> Delete
STREET ADDRESS	469 N HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE NAME	MGRM CHANDRA, RAJIV, m b	<input type="checkbox"/> Delete
STREET ADDRESS	20 E. MELBOURNE AVENUE #104	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE NAME	MGRM GAYDEN, JOHN M JR, m b	<input type="checkbox"/> Delete
STREET ADDRESS	1215 S HICKORY STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date: **4/28/00** Daytime Phone #: **321-951-7404**

CR2E083 (9/99)