2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000019

1. Entity Name

SARRK ENTERPRISES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 16 PM 4:29

Principal Place of Business	Mailing Address
2709 W. Kennedy Tampa, FL 33609	Same as Principal

DO NOT WRITE IN THIS SPACE

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 59-3418215 ☐ 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
NILESH PATEL 609 W. Deleon St Tampa, FL 33606	Name: NILESH M. PATEL Street Address (P.O. Box Number is Not Acceptable): 115 S. WILLOW AVE. City: TAMPA FL Zip Code: 33606

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], NILESH PATEL 4-30-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	PATEL, SARJU R. 78 Berkeley Ct. Glentworth St London, UK NK15HQ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	PATEL, NILESH 2709 W. Kennedy Tampa, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700003800377--15 -06/22/00--01013--020 *****50.00 *****50.00
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	DATEL, ANITA 78 Berkeley Ct Glentworth St London, UK NK15HQ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/30/00 813-258-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #