

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000019

1. Entity Name
SARRK ENTERPRISES, L.C.

Principal Place of Business

2709 W KENNEDY BLVD
TAMPA FL 33609

Mailing Address

2709 W KENNEDY BLVD
TAMPA FL 33609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PO Box 470056

CHARLOTTE, NC

28247

USA

6. Name and Address of Current Registered Agent

PATEL, NILESH M
609 W DE LEON ST
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name PATEL, NILESH M.

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/01/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME PATEL, SARJU R
STREET ADDRESS 78 BERKELEY CT GLENTWORTH ST
CITY-ST-ZIP LONDON UK NK15HQ ☐ Delete

TITLE MGRM
NAME PATEL, NILESH M
STREET ADDRESS 2709 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609 ☒ Delete

TITLE MGRM
NAME PATEL, ANITA S
STREET ADDRESS 78 BERKELEY CT GLENTWORTH ST
CITY-ST-ZIP LONDON UK NK15HQ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003675472--7
-02/13/01--01008--001
*****50.00 *****50.00

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

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

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

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]

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

02/01/01

Date

704-544-8723

Daytime Phone #

FILED

01 FEB -7 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3418215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083 (11/00)