

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **L99000005703**

1. Entity Name

SARRK HOLDINGS, L.L.C.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

Principal Place of Business

**2709 W. Kennedy
Tampa, FL 33609**

Mailing Address

**Same as
Principal**

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

59-3607755

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, NILESH M.
609 W. DeLeon St
Tampa, FL 33606**

Name

NILESH M. PATER

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

NILESH PATEL, NILESH PATER**4/30/00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE / MGRM
NAME
STREET ADDRESS
CITY - ST - ZIP**PATEL, SAKJU R. ☐ Delete
78 Berkeley Ct Glenworth St
London, UK N K15H-Q**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE / MGRM
NAME
STREET ADDRESS
CITY - ST - ZIP**PATEL, ANITA S. ☐ Delete
78 Berkeley Ct Glenworth St
London, UK N K15H-Q**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
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CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

SARRK HOLDINGS, L.L.C.

Date

Daytime Phone #

SAKJU R. PATEL 4/30/00**813-258-0035**