

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005918

1. Entity Name  
RHIDDI ENTERPRISE, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business  
1219 GOLDFINCH DRIVE. APT. 8  
PLANT CITY FL 33566

Mailing Address  
1219 GOLDFINCH DRIVE. APT. 8  
PLANT CITY FL 33566-1322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3865 Wood Mary Park Blvd  
Suite, Apt. #, etc.  
# 1104

3. Mailing Address

3865 Wood Mary Park Blvd  
Suite, Apt. #, etc.  
# 1104

City & State  
VENICE, FL

City & State  
VENICE FL

Zip  
34293

Zip  
34293

4. FEI Number  
59-3601028

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, MUKESHKUMAR  
1219 GOLDFINCH DRIVE, APT. 8  
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3865 Wood Mary Park Blvd  
# 1104  
City  
VENICE, FL Zip Code  
34293

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 *K. M. Patel*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07-05-02  
DATE

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

800003327058--U  
-07/18/00--01086--018

9. MANAGING MEMBERS/MEMBERS

TITLE MM	MUKESH KUMAR PATEL <input type="checkbox"/> Delete
STREET ADDRESS	3865 Wood Mary Park Blvd
CITY- ST- ZIP	# 1104 VENICE FL- 34293
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

10. ADDITIONAL CHANGES *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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*

07-05-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/93)