## 2000 UNIFORM BUSINESS REPORT (UBR)

## L99000008328 DOCUMENT # 1. Entity Name 00 JUN -6 PM 1:54 TAMPA BAY INVESTMENTS, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3512 KILMER DRIVE 3512 KILMER DRIVE PLANT CITY FL 33567 PLANT CITY FL 33567-2752 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number -3610906 Not Applicable Country \$5.00 Additional Zin Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent =Name PATEL, SURESH Street Address (P.O. Box Number is Not Acceptable) 3512 KILMER DRIVE PLANT CITY FL 33567 Zip Code City 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. 4-1-00 がかご SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typ FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. ☐ Change Addition TITLE MGRM Defete TITLE MAME PATEL, SURESH S STREET ADDRESS STREET ADDRESS 3512 KILMER DRIVE CITY- ST-7IP CITY- ST- ZIP PLANT CITY FL 33567 ■ Addition ☐ Change ☐ Delete TITLE TITLE MGRM NAME MAME 1000032**98061** -06/20/00--01095--Patel, Sharad J STREET APDRESS STREET ADDRESS --007 3111 MOSSVALE LANE CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*\*55\_BD TAMPA FL 33618 - 🗁 Dedecte TITLE MGRM NAME PATEL GARGIS STREET ADDRESS STREET ADDRESS 3111 MOSSVALE LANE CITY-ST-ZIP CITY-8T-ZIP TAMPA FL 33618 Addition Delete TITLE MGRM NAME NAME PATEL, SUDHIR D STREET ADDRESS STREET ADDRESS 1402 ESSEX GREEN CITY-ST-ZIP CITY-ST-ZIP COLLEGE STATION TX 77845 Addition ☐ Change Deleta TITLE TITLE **MGRM** NAME NAME PATEL, RAJNIKANT R STREET ADDRESS STREET ADDRESS 18 OAKLEIGH BLVD. CITY- ST- ZIP CITY-ST-ZIP **BEAUMONT TX 77706** ☐ Change Addition Delete TITLE MGRM NAME MAME PATEL, SUBHASH A STREET LOORESS 1803 MAIDEN HAIR LANE STREET ADDRESS CITY- \$T-ZIP SUGARLAND TX 77479 CJTY- 8T- 21P

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:

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

44-00

APPROVED

813-719-652

Date

Daytime Phone #