2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N05000007237 🕝 YOGESH M. AND BELLA Y. PATEL FOUNDATION, INC. 08 JUL 30 AM ID: 54 Principal Place of Business Mailing Address 13026 WATERFORD RUN DR. 13026 WATERFORD RUN DR. RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07252008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-5192549 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAW OFFICE OF BELLLA Y. PATEL Street Address (P.O. Box Number is Not Acceptable) 13026 WATERFORD RUN DRIVE RIVERVIEW, FL 33569 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent algnature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Director Nimit Y. Patel 13026 Waterford Run Drive D TITLE ☐ Delete TITLE Change NAME PATEL, BELLA Y NAME 13026 WATERFORD RUN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP Riverview FLA 33569 ☐ Change D ☐ Delete ☐ Addition TITLE TITLE 500134020815 08/06/08--01014--010 **61.25 PATEL, YOGESH M NAME NAME STREET ADDRESS 13026 WATERFORD RUN DR. STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE ☐ Dolote TITLE ☐ Change ■ Addition PATEL. SEPHALIE Y NAME NAME STREET ADDRESS 13026 WATERFORD RUN DR. STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all/other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR