FILED
Jun 03, 2002 8:00 am
Secretary of State
05-15-2002 90089 045 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047526

1. Entity Name
Sagita Inc.

DO NOT WRITE IN THIS SPACE

90990

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2. Principal Place of Business: 606 North Franklin St.
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33602 Country: USA

3. Mailing Address: 606 N. Franklin St
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33602 Country

4. FEI Number: 59-3643608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Sapna Patel
Street Address (P.O. Box Number is Not Acceptable): 2626 E Bay Isle DR SE
City: St. Petersburg FL Zip Code: 33705

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: Sapna Patel
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 5/28/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Sapna Patel
STREET ADDRESS	2626 E Bay Isle Dr SE
CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	V
NAME	Koita Patel
STREET ADDRESS	2626 E Bay Isle Dr SE
CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sapna Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/29/02 Daytime Phone #: 813-760-4827