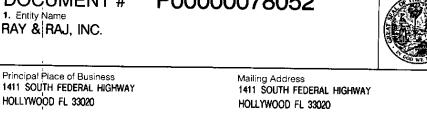
## FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90102 002 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P0000078052



1411 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

70025499						

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 65-1038639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

DATE

	 Name
PATEL, RAMESH C	
1411 SOUTH FEDERAL HIGHWAY	Street Add
HOLLYWOOD FL 33020	

6. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)				
City	FL	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

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECT	IORS	11.	ADDITIONS (SHANSES TO SET SET
TITLE 3	D OF FIGURE AND BINEER			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADD SS CITY-ST-ZIP	PATEL, RAMESH C	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, RAJENDRA B 1411 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

SIGNATURE: