

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000082660**

1. Entity Name

SHREE LAXMI, INC.**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90317 028 ***150.00

724949

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2030 SUNSET TERRACE DRIVE ORLANDO FL 32825	Mailing Address 2030 SUNSET TERRACE DRIVE ORLANDO FL 32825
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2. Principal Place of Business 482 E. ALTAMONTE DR.	3. Mailing Address
Suite, Apt. #, etc. SUITE - 1006	Suite, Apt. #, etc.

City & State ALTAMONTE SPRINGS, FL	City & State
Zip 32701	Country SEMINOLE

4. FEI Number 59-3680508	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS, R PATRICK 200 NORTH THORNTON AVE ORLANDO FL 32801	
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7. Name and Address of New Registered Agent	
Name	
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, DIPAK K 2030 SUNSET TERRACE DRIVE ORLANDO FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIPAK K. PATEL **DIPAK K. PATEL** 2-12-01 407 359 2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)