2001 UNIFORM BUSINESS REPORT (UBR)

Aug 31, 2001 8:00 am Secretary of State DOCUMENT # P00000102539 1. Entity Name JALA HOSPITALITY INC. 04-20-2001 90180 039 ***150.00 Principal Place of Business Mailing Address 5835 BARŤOW RÓAD 5835 BARTOW ROAD AKELAND FL 33805 LAKELAND FL 33805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3675073 Applied For Not Applicable Country Zip \$8.75 Additional -5. Certificate of Status Desired - 🔲 ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 💮 MAYER, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 5835 BARTOW ROAD LAKELAND FL 33805 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition PATEL, LOPA NAME NAME 4242 SHADOW WOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33880 CITY-ST-ZIP VSTD TITLE ☐ Delete ☐ Chance ☐ Addition PATEL, RAJENDRA NAME NAME STREET ADDRESS 4242 SHADOW WOOD COURT STREET ADDRESS LAKELAND FL 33880 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRES STREET ADDRESS CITY-ST-7:P CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 cath; 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED

Attachment

Jala stospitalray Inc Haya Shadow wood CT. Winter House, F1-33880.

Aug 20, 2001

Florida Defontment of State. DIVISION of conformation. P.O. BOX 6327. Tallahassee, Fl-32314.

Dear SiA/madam!

Enclosed is the form which states these FEI dumber for the above named conform hon. Phase excluse the delay on sending you the information, because it that your lutter dated offer 1 23, 2001 on and 17th 2001. I am mailing you all the Moomakion

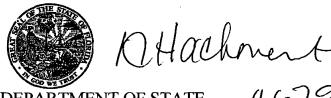
as required by you.

Phase make Sure on the Change of address is as Johnnes.

Jala Haspitality Inc. 4242 Shadow wood CT,

Winter Haven, F1-3380. Phease Feel Jose to Contact me on 863-299-9242, If you need more onformation.

Thomas you.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

April 23, 2001

JALA HOSPITALITY INC. 5835 BARTOW ROAD LAKELAND, FL 33805

Subject: JALA HOSPITALITY INC.

P00000102539

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rr ANNUAL REPORTS SECTION