

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90018 017 ***150.00

DOCUMENT # P00000102539

1. Entity Name
JALA HOSPITALITY INC.

Principal Place of Business

5835 BARTOW ROAD
LAKELAND FL 33805

Mailing Address

5835 BARTOW ROAD
LAKELAND FL 33805

2. Principal Place of Business

4242 SHADOWWOOD CT.

Suite, Apt. #, etc.

4242

City & State

WINTER HAVEN, FLORIDA

Zip

33880

Country

POLK

3. Mailing Address

4242 SHADOW WOOD CT.

Suite, Apt. #, etc.

4242

City & State

WINTER HAVEN, FLORIDA

Zip

33880

Country

POLK



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3675073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYER, CHARLES R

5835 BARTOW ROAD

LAKELAND FL 33805

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

Lopa R. Patel

LOPA R. PATEL

4/12/02

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 Fee will be \$550.00
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 PD ☐ Delete
NAME PATEL, LOPA
STREET ADDRESS 4242 SHADOW WOOD COURT
CITY-ST-ZIP LAKELAND FL 33880

TITLE VSTD ☐ Delete
NAME PATEL, RAJENDRA
STREET ADDRESS 4242 SHADOW WOOD COURT
CITY-ST-ZIP LAKELAND FL 33880

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Lopa R. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02

863-299-9242

CR2E034 (9/01)