5/6/2

FILED
Jun 11, 2003 8:00 am
Secretary of State
05-06-2003 90037 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102539

55047506

[redacted]

[redacted]

1. Entity Name
JALA HOSPITALITY INC.

Principal Place of Business	Mailing Address
4842 SHADOW WOOD COURT WINTER HAVEN, FL 33880	4842 SHADOW WOOD COURT WINTER HAVEN, FL 33880

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lopa R. Patel. 4/29/03
(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		☐ Delete
TITLE	PD	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 — (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, ☐ Change ☐ Addition) — blank

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lopa R. Patel. 6/7/03 863-299-9242.
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

Attachment #

[redacted]

P0000102539

5504506

The address mouse from is wrong.
The correct address is
4242 Shadowwood CT.
Winter Haven, FL-33880
Please change the address.
& mailing address to the correct one above.
Thank-You L. Patel