

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90040 030 \*\*\*150.00

DOCUMENT # P. 00000 106502

1. Entity Name  
**JAY GAYATRI, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7821 103 RD ST.**

3. Mailing Address  
**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**JACKSONVILLE FL**

City & State

Zip **32210** Country **DUVAL**

Zip Country

4. FEI Number  
**59-3681536**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **B.D. STEWART**

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

**8031 EBERSOL RD.**

City **JACKSONVILLE FL** Zip Code **32216**

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 **B.D. Stewart**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$650.00  
Amended UBR is \$61.25  
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 **P**  
NAME **BAAVESH PATEL**  
STREET ADDRESS **586 TIMBER TRACE CT.**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP**  
NAME **VIPUL PATEL**  
STREET ADDRESS **8432 GATEPOST CT.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/T**  
NAME **ROHIT PATEL**  
STREET ADDRESS **8594 WYNDHURST DR.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/02**

Date

**779-1881**

Daytime Phone #

CR2E034B (12/01)