

8/7/

FILED

Sep 02, 2002 8:00 am
Secretary of State

08-07-2002 90198 017 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012248

1. Entity Name

JMD HOSPITALITY INC.

59-3709596

Principal Place of Business

4139 EAST BUSCH BLVD.
TAMPA FL 33617

Mailing Address

4139 EAST BUSCH BLVD.
TAMPA FL 33617

2. Principal Place of Business

HOTEL

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3709596

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, NILESH M ESQ.
115 SOUTH WILLOW AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

JAY VIDYALANKAR

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

4139 E BUSCH BLVD.

City

TAMPA

FL

Zip Code

33617

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

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

(NOTE: Registered Agent signature required when reinstating)

8/2/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
JAY VIDYALANKAR ☐ Delete
STREET ADDRESS
4139 E BUSCH BLVD. (PRESIDENT)
CITY-ST-ZIP
TAMPA FL 33617TITLE
NAME
MINAWALA VANMALI ☐ Delete
STREET ADDRESS
AS ABOVE (SECRETARY)
CITY-ST-ZIPTITLE
NAME
DHIRAJ VITHA ☐ Delete
STREET ADDRESS
AS ABOVE (TREASURER)
CITY-ST-ZIPTITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Change ☐ Addition
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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

PRESIDENT

OR DIRECTOR

8/2/02

Date

813
988-9191

Daytime Phone #

CR2E034 (4/02)



Attachment 870579
P01000012248

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 12, 2002

JMD HOSPITALITY INC.
4139 EAST BUSCH BLVD.
TAMPA, FL 33617

Subject: JMD HOSPITALITY INC.

Reference Number: P01000012248

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** 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.

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

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

/JC

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314