

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

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90119 013 \*\*\*150.00

DOCUMENT # *P01000018830*

1. Entity Name *S & F INVESTMENTS, INC.*

**DO NOT WRITE IN THIS SPACE**

*976837*

2. Principal Place of Business  
*1402 WURST ROAD*

3. Mailing Address  
*1402 WURST ROAD*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*OCFEE, FL*

City & State  
*OCFEE, FL*

4. FEI Number *59-3697791*

Applied For

Not Applicable

Zip *34761*

Country  
*USA*

Zip *34761*

Country  
*USA*

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name *SHEELA Y. DESAI*

Street Address (P.O. Box Number is Not Acceptable)  
*1402 WURST ROAD*

City *OCFEE*

FL

Zip Code  
*34761*

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

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)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
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 *SHEELA Y. DESAI*  
STREET ADDRESS *1304 HAMPSHIRE PLACE CIRCLE*  
CITY-ST-ZIP *ALTAMONTE SPRINGS, FL 32714*

TITLE *S*  
NAME *YOGESH B. DESAI*  
STREET ADDRESS *1304 HAMPSHIRE PLACE CIRCLE*  
CITY-ST-ZIP *ALTAMONTE SPRINGS, FL 32714*

TITLE  
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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: *Desai* *SHEELA Y. DESAI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*08/20/02*

Date

*407-656-0006*

Daytime Phone #

CR2E034B (12/01)

August 20, 2002

*Attachments*

*976837*

S & F Investments, Inc.  
1402 Wurst Road,  
Ocoee, FL 34761

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Reader,

Ref: Document # P01000018830

Enclose please find our Uniform Business Report and fee for \$ 150.00. We did not receive the renewal report copy and hence the delay.

Please do the needful.

Thanking you,

Yours truly,



Sheela Y. Desai  
President