## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 28, 2002 8:00 am Secretary of State DOCUMENT # P01000029090 1. Entity Name 07-28-2002 90197 011 \*\*\*150.00 DILIP, INC. Principal Place of Business Mailing Address 1474 SUNSHADOW DR 1474 SUNSHADOW DR **APT 208 APT 208** CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address 2054 Collegiate 2054 Collegiate Way Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Orlando Orlanda <u>59- 3704431</u> Not Applicable -- Country \$8.75 Additional 5. Certificate of Status Desired .6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent PANCHAL, DILIP M عنلنك Street Address (P.O. Box Number is Not Acceptable) 1474 SUNSHADOW DR **APT 208** 12054 Collegiate Way CASSELBERRY FL 32707 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 32817 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete PST ☐ Addition Change PANCHAL, DILIP M NAME NAME Panchal, Oilip M. STREET ADDRESS 1474 SUNSHADOW DR APT 208 STREET ADDRESS 2594 Little Hill Cove Apt. 114 CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP Ovica, FL **32765** ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY=ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7116102

Daytime Phone #

Attendences #PO100029090 122890

Dilip, Inc. AnnBhandar 12054 Collegiate Way Orlando, FL 32817

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

Re: Dilip, Inc.

Dear Sir or Madam:

The corporation never received the first Uniform Business Report. We believe this a direct cause of the Division of Corporations not having the current mailing address. Please waive the \$400.00 additional fee incurred for the late filing of the enclosed 2002 Uniform Business Report. The current address has been included on the UBR.

A check is enclosed in the amount of \$150.00.

Thank you in advance for your understanding.

Warmest Regards,

Dilip Panchal, President