

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90201 030 ***158.75

041423A AV

DOCUMENT # P01000091320			
1. Entity Name SAFARI VENTURES, INC.			
Principal Place of Business 17311 PREAKNESS PL. ODESSA FL 33556		Mailing Address 17311 PREAKNESS PL. ODESSA FL 33556	
2. Principal Place of Business 3816 WEST LINEBAUGH AVE		3. Mailing Address 3816 WEST LINEBAUGH AVE	
Suite, Apt. #, etc. SUITE 210		Suite, Apt. #, etc. SUITE 210	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33624	Country U.S.A.	Zip 33624	Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3743316		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NEAL, GREG 17311 PREAKNESS PL. ODESSA FL 33556			
7. Name and Address of New Registered Agent Name NIRU PATEL SAFARI VENTURES INC Street Address (P.O. Box Number is Not Acceptable) 3816 WEST LINEBAUGH AVE SUITE 210 City TAMPA FL FL Zip Code 33624			

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Greg Neal* **GREG. NEAL** DATE **04/18/02**
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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, GREG 17311 PREAKNESS PL. ODESSA FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S NEAL, GREG. 17313 PREAKNESS PL ODESSA FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, NIRU 17311 PREAKNESS PL. ODESSA FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/T PATEL NIRANJAN 17311 PREAKNESS PL ODESSA FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *Niranjan Patel* **NIRANJAN PATEL** DATE **04/17/02** 813 341 3300
Signature and typed or printed name of signing officer or director

CR2E034 (9/01)