

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90300 023 ***150.00

DOCUMENT # P01000106475

1. Entity Name

SAI RAM HOLDINGS INC.

Principal Place of Business

3101 MAGUIRE BLVD.
 #101
 ORLANDO FL 32803

Mailing Address

3101 MAGUIRE BLVD.
 #101
 ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

316 EAST LAKE ROAD
 Suite, Apt. #, etc.

316 EAST LAKE ROAD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR, FLORIDA

City & State

PALM HARBOR, FLORIDA

4. FEI Number

80-000 2592

Applied For

Not Applicable

Zip

34685

Country

U.S.A.

Zip

34685-2427

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARWOOD, CHRISTOPHER
 3101 MAGUIRE BLVD
 #101
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name SANJAY PATEL
 Street Address (P.O. Box Number is Not Acceptable)
 1424 SEAGUL DRIVE APT # 208
 City PALM HARBOR FL Zip Code 34685

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

SANJAY PATEL

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-02

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 \$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. ☐

\$5.00: May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PATEL, SANJAY	
STREET ADDRESS	3101 MAGUIRE BLVD #101	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SANJAY	
STREET ADDRESS	1424 SEAGUL DRIVE APT # 208	
CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

727-789 3518

Daytime Phone #

CR2E034 (9/01)