

FILED
May 21, 2002 8:00 am
Secretary of State

04-16-2002 90119 009 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110163

1. Entity Name

SAI WORLD INC.

Principal Place of Business

2055 NORTH DALE MABRY HIGHWAY
 TAMPA FL 33607

Mailing Address

2055 NORTH DALE MABRY HIGHWAY
 TAMPA FL 33607

2. Principal Place of Business

2055, N. DALE MABRY HWY

3. Mailing Address

2055, N. DALE MABRY HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33607

Country

U.S.A.

Zip

33607

Country

U.S.A.

4. FEI Number

39-3246347

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PATEL, ARVIND F

4161 ROLLING SPRINGS DRIVE
 TAMPA FL 33624

Name

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

4161 ROLLING SPRING DRIVE

City TAMPA

FL

Zip Code 33607

7. Name and Address of New Registered Agent

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

A. F. PATEL (PRESIDENT)

25th FEB 2002

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) ☐

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 ☐ Delete
 NAME PRESIDENT
 STREET ADDRESS ARVIND F. PATEL
 CITY-ST-ZIP 4161 ROLLING SPRING DRV
 TAMPA - FL - 33624

TITLE ☐ Delete
 NAME PIA
 STREET ADDRESS ILAKUMARI A. PATEL
 CITY-ST-ZIP 4161 ROLLING SPRING DRV
 TAMPA - FL - 33624

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 697, 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:

ARVIND F. PATEL

2/25/2002

83-873-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)