

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

03 DEC -1 AM 11:55

DOCUMENT # P02000022027

1. Entity Name

VED HOTELS, INC.



**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 03

2. Principal Place of Business  
401 34th Street North

3. Mailing Address  
The Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
St. Petersburg, Florida

City & State

Zip  
33173

Country

Zip

Country

4. FEI Number

38-3643890

Applied For

Not Applicable

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 SPIEGEL & UTRERA, P.A.

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

1840 SW 22nd Street, 4th Floor

City Miami

FL

Zip Code  
33145

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 the obligations of registered agent, Spiegel & Utrera, P.A.

SIGNATURE

By: Natalia Utrera, Vice-President

11/26/03

January 1 - May 1 Fee is \$450.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PRAVIN KOTADIA  
STREET ADDRESS 401 34th Street North, St. Petersburg, FL33713  
CITY-ST-ZIP

TITLE VD  
NAME PRAVIN D. GADHIA  
STREET ADDRESS 401 34th Street North, St. Petersburg, FL33713  
CITY-ST-ZIP

TITLE STD  
NAME RAVIN.PATEL  
STREET ADDRESS 401 34th Street North, St. Petersburg, FL33713  
CITY-ST-ZIP

TITLE D  
NAME JAYESH D. PATEL  
STREET ADDRESS 401 34th Street North, St. Petersburg, FL33713  
CITY-ST-ZIP

TITLE  
NAME  
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800025423088  
12/11/03--01040--021 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pravin Kotadia*

PRAVIN KOTADIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-3

(727)327-5847

Date

Daytime Phone #

CR2E034B (12/02)