

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90380 010 \*\*\*150.00

0480138 AV

**DOCUMENT # P02000028453**

**1. Entity Name**  
**SUNTEL INC.**



**Principal Place of Business**  
**5649 49 ST NORTH**  
**ST PETERSBURG FL 33709**

**Mailing Address**  
**5649 49 ST NORTH**  
**ST PETERSBURG FL 33709**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

01-0627660

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PATEL, HARISH J DR**  
**5649 49 ST NORTH**  
**ST PETERSBURG FL 33709**

Name

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

City

**FL**

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 the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PATEL, HARISH J DR</b>	
<b>STREET ADDRESS</b>	<b>7901 BAYOU CLUB BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>LARGO FL 33777</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PATEL, ASHOK M</b>	
<b>STREET ADDRESS</b>	<b>13724 74TH AVE. N.</b>	
<b>CITY-ST-ZIP</b>	<b>SEMINOLE FL 33625</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PATEL, ARVIND C</b>	
<b>STREET ADDRESS</b>	<b>12802 MIRAMAR PL.</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33625</b>	
<b>TITLE</b>	<b>DTS</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>PATEL, SANJAY M</b>	
<b>STREET ADDRESS</b>	<b>6200 34 ST NORTH U.S. 19</b>	
<b>CITY-ST-ZIP</b>	<b>PINELLAS PARK FL 33781</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>P.D.T.S.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>PATEL HARISH J.</b>	
<b>STREET ADDRESS</b>	<b>5649 49 STN. ST PETERSBURG FL 33709</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>V.D.T.S.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>PATEL Ashok M.</b>	
<b>STREET ADDRESS</b>	<b>13724 74TH AVE SEMINOLE FL 33625</b>	
<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Patel Sanjay M</b>	
<b>STREET ADDRESS</b>	<b>6200 34 ST N. U.S. 19 Pinellas Park</b>	
<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

77538  
272

Daytime Phone #

CR2E034 (10/02)