2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P02000034227 **DOCUMENT #**

1. Entity Name



FILED					
Apr 04, 2003 8:00 am					
Secretary of State					
04 04 2003 90131 048 ***150 00					

BUSINESS AND PROPERTY MANAGEMENT, INC.					
Principal Place of Business 17049 SW 33RD CT MIRAMAR FL 33027		Mailing Address 17049 SW 33RD CT MIRAMAR FL 33027			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 81 • 05 45 709 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
PATEL, YOGESH			Name	ss (P.O. Box Number is Not Acceptable)	
17049 SW 33RD CT MIRAMAR FL 33027			Sileet Addres	ss (r.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 Signature, typed or printed name of registered agent and title if applicable. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, YOGESH 17049 SW 33RD CT MIRAMAR FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete · · · ·	NAME STREET ADDRESS CITY-ST-ZIP	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	□ Delete	TITLE NAME STREET ADDRESS 'CITY-ST-ZIP	☐ Change ☐ Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	<u>:</u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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: