

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90665 042 ***150.00

DOCUMENT # P02000037925

1. Entity Name

LAL INVESTMENTS GROUP, INC.



Principal Place of Business

**12808 VALLEY RIDGE RD
CLERMONT FL 34711**

Mailing Address

**12808 VALLEY RIDGE RD
CLERMONT FL 34711**

2. Principal Place of Business

34301 BLANTON RD

3. Mailing Address

34301 BLANTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DADE CITY, FL

City & State

DADE CITY, FL

4. FEI Number

01-0660268

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PATEL, PRATIK J

**12808 VALLEY RIDGE RD
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

PATEL, PRATIK J

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

34301 BLANTON RD

City

DADE CITY

FL

Zip Code

33523

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PATEL, PRATIK	
STREET ADDRESS	12808 VALLEY RIDGE RD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PATEL, JAYANTKUMAR D	
STREET ADDRESS	12808 VALLEY RIDGE RD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PATEL, SURYAKANTA J	
STREET ADDRESS	12808 VALLEY RIDGE RD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PATEL, VINODKUMAR S	
STREET ADDRESS	12808 VALLEY RIDGE RD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, PRATIK	
STREET ADDRESS	34301 BLANTON RD	
CITY-ST-ZIP	DADE CITY, FL 33523	
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		

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

3/13/03 352-551-3080

Date

Daytime Phone #

CR2E034 (10/02)