

2004 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90387 035 \*\*\*150.00

DOCUMENT # P03000125298

1. Entity Name

R & K OF RIDGE MANOR INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5205 TREIMAN BLVD

3. Mailing Address  
5205 TREIMAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
RIDGE MANOR, FL

City & State  
RIDGE MANOR, FL

4. FEI Number 20-0357078

Applied For

Not Applicable

Zip  
33523

Country

Zip  
33523

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name PATEL, KANDRAP

Street Address (P.O. Box Number is Not Acceptable)  
5205 TREIMAN BLVD

City  
RIDGE MANOR

FL

Zip Code  
33523

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

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 NAME STREET ADDRESS CITY - ST - ZIP	PS PATEL, KANDRAP 5205 TREIMAN BLVD RIDGE MANOR, FL 33523	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)