

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90308 001 ***150.00

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DOCUMENT # P93000036171

1. Entity Name
MORAR ENTERPRISES INC.



Principal Place of Business
% KWIK STOP FOOD STORE
503 ALT 19
PALM HARBOR FL 34683

Mailing Address
% KWIK STOP FOOD STORE
503 ALT 19
PALM HARBOR FL 34683



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number **59-3182686**

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, NANOOBHAI D
2001 ORANGESIDE RD
PALM HARBOR, FL 34683

Name

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

1604 GRAY BARK DRIVE

City **OLDSMAR,**

FL

Zip Code
34677

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PATEL, NANOOBHAI D
1604 GRAY BARK DRIVE
OLDSMAR FL 34677 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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1604 GRAY BARK DRIVE
OLDSMAR FL 34677 ☐ Delete

TITLE
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☐ Change ☐ Addition

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OLDSMAR FL 34677 ☐ Delete

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☐ Change ☐ Addition

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

Date

Daytime Phone #

ref 4-26-03 727-784-2327

CR2E034 (10/02)