

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055642

1. Entity Name
A/B PATEL, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90016 019 ***150.00

813632



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1801 PALM BEACH LAKES BLVD PALM BEACH MALL WEST PALM BEACH FL 33401	Mailing Address 1801 PALM BEACH LAKES BLVD PALM BEACH MALL WEST PALM BEACH FL 33401-2001
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0427264	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PATEL, BHASKAR
1801 PALM BEACH LAKES BLVD
PALM BEACH MALL
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D PATEL, BHASKAR 1801 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete	D PATEL, SAROJ 1801 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bhaskar Patel 2-15-00 5616897146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BHASKAR PATEL President Date: _____ Daytime Phone #: _____

CR2E034 (9/99)