

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071016

1. Entity Name

K AND S VERO BEACH CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90087 048 ***150.00

Principal Place of Business

Mailing Address

1985 90TH AVENUE
 VERO BEACH FL 32966

1985 90TH AVENUE
 VERO BEACH FL 32966-6621
 US

2. Principal Place of Business

3. Mailing Address

4410 CASEY LAKE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

4. FEI Number

59-3269749

Applied For

Not Applicable

Zip

Country

Zip

33624

Country

USA

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, JAYESH
 1985 90TH AVENUE
 VERO BEACH FL 32966

Name

PATEL, JAYESH

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

4410 CASEY LAKE BLVD.

City

TAMPA

FL

Zip Code

33624

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME PATEL, JAYESH
 STREET ADDRESS 1985 90TH AVENUE
 CITY-ST-ZIP VAERO EBACH FL

☐ Delete

TITLE PD
 NAME PATEL, JAYESH
 STREET ADDRESS 4410 CASEY LAKE BLVD
 CITY-ST-ZIP TAMPA, FL 33624

☒ Change ☐ Addition

TITLE VD
 NAME PATEL, ARVIND
 STREET ADDRESS 734 SOUTH DALE MABRY
 CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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:

SIGNATURE REQUIRED

4/24/00

813-968-3738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)