CAPITAL CONNECTION 850 222 1222 01/

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90547 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091207

1. Entity Name

YBOR BP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4155 Henderson Blvd.
Suite, Apt. #, etc.
City & State
Tampa FL
Zip 33629 Country USA

3. Mailing Address
SAME AS PRINCIPAL
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3287146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name KESAVALAL PATEL
Street Address (P.O. Box Number is Not Acceptable)
4002 WATER PARK COURT
City RIVERVIEW FL Zip Code 33569

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 K.B. Patel KESAVALAL PATEL 1-16-03
(Signature, typed or printed name of individual signing 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 $600.00
Reinstatement Fee 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	PD
NAME	PATEL, KASAVALAL B.
STREET ADDRESS	4002 WATER PARK COURT
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	SEC.
NAME	CHANDUBHAI PATEL
STREET ADDRESS	4155 Henderson Blvd.
CITY-ST-ZIP	Tampa FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034G (12/02)

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: K.B. Patel KESAVALAL PATEL 1-16-03 813-246-9247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #