

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

0624643

04-09-2001 90006 023 ***150.00

DOCUMENT # P95000003437

1. Entity Name
JAE SHANKAR, INC.

Principal Place of Business 27615 SR 54 WEST WESLEY CHAPLE FL 33543	Mailing Address 27615 SR 54 WEST WESLEY CHAPLE FL 33543
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3337448	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAYTON, WILLIAM G ESQ.
 14247 7TH STREET
 DADE CITY FL 33525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PATEL, JAYANTILAL C	
STREET ADDRESS	27615 SR 54 WEST	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KHUSHAL, ALPESH N	
STREET ADDRESS	2601 MCCOY ROAD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATEL, BHAVESH R	
STREET ADDRESS	2601 MCCOY ROAD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATEL, JAGDISHKUMAR C	
STREET ADDRESS	4170 BLAD EAGLE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 a other listing empowered.

SIGNATURE: _____ Date **3/26/01** Daytime Phone # _____

CR2E034 (10/00)