

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007822

1. Entity Name  
MITOS VENTURES INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90069 029 \*\*\*150.00

Principal Place of Business  
PO BOX 340  
EATON PARK FL 33840  
US

Mailing Address  
P. O. BOX 340  
EATON PARK FL 33840-0340  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3300241

Applied For  
Not Applicable

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

MAYER, CHARLES R  
5835 BARTOW RD S.  
LAKELAND FL 33813

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

Signature, typed or printed name of registered agent and title if applicable

(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, 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	P	<input type="checkbox"/> Delete
NAME	PATEL, MAHESHKUMAR	
STREET ADDRESS	1830 SANCHEZ AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	PATEL JAYANTKUMAR	
STREET ADDRESS	5532 HIGHLANDS VISTA CIR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATEL VIRENDRAKUMAR	
STREET ADDRESS	4920 TRADITION DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL BHUPENDRA KUMAR	
STREET ADDRESS	734 HONEYCUCKS CIR AVE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL JYOTINDRAKUMAR	
STREET ADDRESS	5185 WARRIOR LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
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	
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 all other like empowered.

SIGNATURE:

*SIGNATURE*

M. J. PATEL

2/18/00

863-665-2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)