

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**  
 09-18-2000 90037 026 \*\*\*150.00

**DOCUMENT # P95000017814**

1. Entity Name

TARLIKA INC

*P*

Principal Place of Business

734 S. DALE MABRY  
 TAMPA FL 33609

Mailing Address

734 S. DALE MABRY  
 TAMPA FL 33609

2. Principal Place of Business

3331 W. Bay to Bay  
 Suite, Apt. #, etc.

3. Mailing Address

734 S. DALE MABRY  
 Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3299624

Applied For

Not Applicable

Zip

33629

Country

Hills

Zip

33629

Country

Hills

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PATEL, ARVIND C  
 734 S. DALE MABRY  
 TAMPA FL 33609

Name

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

City

TAMPA

FL

Zip Code

33629

7. Name and Address of New Registered Agent

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

TARLIKA PATEL, PV

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-13-00

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

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**FILE NOW!!! FEE IS \$550.00 - 150.  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

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\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PV  
 NAME PATEL, TARLIKA  
 STREET ADDRESS 734 S DALE MABRY  
 CITY-ST-ZIP TAMPA FL

☐ Delete

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

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-13-00 813  
 490-2378

CR2E034 (5/00)

Attachment  
DT# 29500W7814  
DW87126

Wednesday, September 13, 2000

Uniform Business Report  
Division of corporations  
P.O.BOX 1500  
Tallahassee, FL 32302-1500

Enclosed you will find my UBR forms.

On the forms its said second notice, so I was wondering why it's like that. I never received my first forms, so I never filled either. So please consider this as my first notice. Any considerations will be appreciated.

Thanks

TARLIKA PATEL

Tarlika Patel