2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P95000028004

1. Entity Name

PAR FOR PATS, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90951 036 ***150.00

Principal Place of Business 2424-A E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301 US			Mailing Address 2530 NE 24TH STREET FT. LAUDERDALE FL 33305 US							
	Place of Busin		3. Mailing Address					881H (18 47)	18 1 1 8 111 18 111	00111 0101 100)
Suite, Apt 2 20	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State OVIKDO			City & State			4.	FEI Number 65-0572691			oplied For
FL:	FL 32765 Country SEMINOLE		Zip Coun		У	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current F			egistered Agent			7.	7. Name and Address of New Registered Agent			
					Name				·	
Patel, A	SHOK M						7.70			
	24TH ST.W	/		Street Address			Box Number is Not Acceptable)			
	7.	,	, .	 				-		
ri LAUUI	erdale fl	333UD	•							
					City			FL	Zip Code	e
9 The above period estitute britishing the										
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.										
, and a second s										
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).										
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Finan	cine	\$5.0	0 May Be
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Trust Fund Contribution.			to Fees
	k Fayable to	•								
10.	1	OFFICERS AND	RECTORS 11.			AD	DITIONS/CHANGES TO OFFICE	RS AND (DIRECTORS	3 IN 11
TITLE	P	L. Delete ■		TITLE					Change	Addition
NAME	PATEL, ASHOK M			NAME					_ `	_
STREET ADDRESS				STREET	ADDRESS					ĺ
CITY - ST - Z!P	FT. LAUD FL 33305		CITY		T-ZIP		-			
TITLE	S	·	☐ Delete	TITLE					Change	Addition
NAME	PATEL, KIRTI A		NAME					onange	☐ voninnii	
STREET ADDRESS	AFAA NE AN AT		_	ADDRESS					ľ	
CITY-ST-ZIP			CITY ST			A	سهير	-		
TITLE				+			<u> </u>		¬ •	
NAME			☐ Delete	TITLE				l	Change	Addition
STREET ADDRESS				NAME	ADDRESS					
CITY-ST-ZIP										
	<u> </u>			CITY-ST	1-71					
TITLE	☐ Delete		TITLE		□ Ct		Change	☐ Addition		
NAME CTREET ADDRESS				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	ļ 			CITY-ST	T-ZIP					1
TITLE			☐ Delete	TITLE				[☐ Change	Addition
NAME				NAME				•		_
STREET ADDRESS				STREET	ADDRESS					

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

(954) 5649848

☐ Change

Addition