

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045901

1. Entity Name
JAYPRI HOTELS, INC.



FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90122 034 ***150.00

Principal Place of Business
1633 NORTH U.S. 1
ORMOND BEACH FL 32174

Mailing Address
1633 NORTH U.S. 1
ORMOND BEACH FL 32174

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

Zip Country

Zip Country

4. FEI Number 59-3360115 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIVEDI, JAYPRAKASH J PATEL AJIT M.
1633 N UST 1679 New Haven Point
ORMOND BCH FL 32174 W.P.B FL 33411

7. Name and Address of New Registered Agent

Name PATEL AJIT M.
Street Address (P.O. Box Number is Not Acceptable)
1679 NEW HAVEN Point LN
City W.P.B FL Zip Code 33411

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 *Ajit Patel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/13/03*

1. FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, AJIT M. 1633 N US 1 ORMOND BCH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATEL JAYANTI H. PO 1653 Duxbury LN Kennesaw GA 30152-6936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRIVEDI, JAYPRAKASH J 1633 N US 1 ORMOND BCH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATEL Ajit Patel (W.O.) 1679 New Haven Point W.P.B FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, JAYANTI H 1633 N US 1 ORMOND BCH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patel Jayanti H. T 1653 Duxbury LN GA 30152-6936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRIVEDI, NYOTI J 1633 N US 1 ORMOND BCH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATEL Asit 1679 New Haven Point W.P.B FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (10/02)

SIGNATURE: *Ajit Patel* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-13-03 54-198-3585

Date Daytime Phone #