

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90122 034 \*\*\*150.00

**DOCUMENT # P95000045901**

**1. Entity Name**  
**JAYPRI HOTELS, INC.**



**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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**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**

**7. Name and Address of New Registered Agent**

TRIVEDI, JAYPRAKASH J PATEL *Ajit H.*  
1633 N US 1 *1679 New haven point*  
ORMOND BCH FL 32178 *W.P.B FL 33411*

Name *PATEL AJIT*  
Street Address (P.O. Box Number is Not Acceptable)  
*1679 NEW HAVEN POINT LN*  
City *W.P.B.* Zip Code *33041*

**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*

**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 ☐ Delete  
NAME VD  
STREET ADDRESS PATEL, AJIT M.  
CITY-ST-ZIP 1633 N US 1  
ORMOND BCH FL 32174

TITLE ☒ Change ☐ Addition  
NAME PATEL JAYANTI H. PD  
STREET ADDRESS 1653 Duxbury LN  
CITY-ST-ZIP Kennesaw GA 30152-6936

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS TRIVEDI, JAYPRAKASH J  
CITY-ST-ZIP 1633 N US 1  
ORMOND BCH FL 32174

TITLE ☒ Change ☐ Addition  
NAME PATEL Ajit Patel  
STREET ADDRESS 1679 New haven point  
CITY-ST-ZIP W.P.B FL 33411

TITLE ☐ Delete  
NAME T  
STREET ADDRESS PATEL, JAYANTI H  
CITY-ST-ZIP 1633 N US 1  
ORMOND BCH FL 32174

TITLE ☒ Change ☐ Addition  
NAME Patel Jayanti H. T  
STREET ADDRESS 1653 Duxbury LN  
CITY-ST-ZIP GA 30152-6936

TITLE ☐ Delete  
NAME S  
STREET ADDRESS TRIVEDI, VIYOTI J  
CITY-ST-ZIP 1633 N US 1  
ORMOND BCH FL 32174

TITLE ☐ Change ☐ Addition  
NAME PATEL Ajit  
STREET ADDRESS 1679 New haven point  
CITY-ST-ZIP W.P.B FL 33411

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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.**

**SIGNATURE: *Ajit Patel* SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-13-03*

*54-1798-3585*

Date

Daytime Phone #

CR2E034 (10/02)