

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053189

1. Entity Name

AMAR ENTERPRISES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90007 001 ***150.00

Principal Place of Business

Mailing Address

DBS: SUPER 8 MOTEL
1700 MAIN STREET
CHIPLEY FL 32428
US

DBA: SUPER 8 MOTEL
1700 MAIN STREET
CHIPLEY FL 32308-7718
US

2. Principal Place of Business

1767 HERMITAGE BLVD

3. Mailing Address

1767 HERMITAGE BLVD

Suite, Apt. #, etc.

APT # 7105

Suite, Apt. #, etc.

APT # 7105

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA

Zip

32308

Country

USA

4. FEI Number

59-3323578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SUDHIR M
1700 MAIN ST
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name

PATEL, SUDHIR M

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

1767 HERMITAGE BLVD, APT 7105

City

TALLAHASSEE

FL

Zip Code

32308

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

04/10/00

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

TITLE P
NAME S. PATEL ☐ Delete
STREET ADDRESS 1700 MAIN ST
CITY-ST-ZIP CHIPLEY FL

TITLE S
NAME PATEL, P ☐ Delete
STREET ADDRESS 1700 MAIN STREET
CITY-ST-ZIP CHIPLEY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1767 HERMITAGE BLVD, APT 7105
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1767 HERMITAGE BLVD, APT 7105
CITY-ST-ZIP TALLAHASSEE FL 32308

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/00

Date

850 531-0357

Daytime Phone #