

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000053602**

1. Entity Name

PATEL MANAGEMENT, INC.**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90021 029 ***150.00

Principal Place of Business

**5875 W IRLO BRONSON HWY
KISSIMMEE FL 34746
US**

Mailing Address

**5875 W IRLO BRONSON HWY
KISSIMMEE FL 34746
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3328527

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ARVIND PATEL OR SANJAY PATEL
5875 W IRLO BRONSON HWY
KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name

ARVIND PATEL

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

10849 WOODCHASE CIRCLE

City

ORLANDO**FL**Zip Code
32836

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or 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

4/19/019. 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, 2001 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 **D** ☐ Delete
NAME **PATEL, ARVIND**
STREET ADDRESS **4872 CYPRESS WOODS DRIVE, #321**
CITY-ST-ZIP **ORLANDO FL 32811**TITLE **VP** ☐ Delete
NAME **SANJAY PATEL**
STREET ADDRESS **5875 W IRLO BRONSON HWY**
CITY-ST-ZIP **KISSIMMEE FL 34746**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PATEL, ARVIND**
STREET ADDRESS **10849 WOODCHASE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32836**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01**407-396-8853**

CR2E034 (10/00)