

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90250 008 ***150.00

DOCUMENT # P95000053602

1. Entity Name
PATEL MANAGEMENT, INC.



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

7. Name and Address of New Registered Agent

PATEL, ARVIND
10849 WOODCHASE CIRCLE
ORLANDO FL 32836

Name **FDL Corp.**
Street Address (P.O. Box Number is Not Acceptable)
The Greenleaf Building, 200 Law St, 3rd Floor
City **JACKSONVILLE** FL Zip Code **32202-3510**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **PATEL, ARVIND**
STREET ADDRESS **10849 WOODCHASE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE **VP** ☒ Delete
NAME **SANJAY PATEL**
STREET ADDRESS **5875 W IRLO BRONSON HWY**
CITY-ST-ZIP **KISSIMMEE FL 34746**

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

TITLE **D, P, T, S.** ☐ Delete
NAME **PATEL, SHAILESH**
STREET ADDRESS **830 SPRING PARK LOOP**
CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE ☐ Change ☒ Addition
NAME **D, P, T, S.**
NAME **PATEL, SHAILESH**
STREET ADDRESS **830 SPRING PARK LOOP**
CITY-ST-ZIP **CELEBRATION, FL 34747**

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
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANJAY PATEL

Date

Daytime Phone #

4/15/03

407-596-8883

CR2E034 (10/02)