

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 IRLON BRONSON HWY
KISSIMMEE FL 34746
US**

Mailing Address
**5875 W IRLON BRONSON HWY
KISSIMMEE FL 34746
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3328527**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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 **FOL 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 *Arvind Patel* Agent

DATE 4/24/03

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

(NOTE: registered Agent signature required when reinstating)

DATE

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 Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATEL, ARVIND	
STREET ADDRESS	10849 WOODCHASE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SANJAY PATEL	
STREET ADDRESS	5875 W IRLON BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D, P, T, S.	<input type="checkbox"/> Delete
NAME	PATEL, SHAILESH	
STREET ADDRESS	830 Spring Park Loop	
CITY-ST-ZIP	Celebration, FL 32747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, P, T, S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL SHAILESH	
STREET ADDRESS	830 Spring Park Loop	
CITY-ST-ZIP	Celebration, FL 32747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQ SHAILESH PATEL

Date 4/15/03

Daytime Phone # 407-596-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)