

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087213

1. Entity Name

DESAI ENTERPRISES, INC.

Principal Place of Business

4270 ALOMA AVENUE, SUITE 124-99A
WINTER PARK FL 32792

Mailing Address

4270 ALOMA AVENUE, SUITE 124A
WINTER PARK FL 32792

2. Principal Place of Business

4270 ALOMA AVE

Suite, Apt. #, etc.

SUITE # 124

City & State

WINTER PARK, FL

Zip

32792

Country

SEMINOLE

3. Mailing Address

4270 ALOMA AVE

Suite, Apt. #, etc.

SUITE # 124

City & State

WINTER PARK, FL

Zip

32792

Country

SEMINOLE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3345504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARY DESAI

4270 ALOMA AVENUE, #124
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

GAURANG PATEL

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

10220 EASTERN LAKE AVE

APT # 104

City

ORLANDO

FL

Zip Code

32817

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

GK Patel

Gaurang Patel.

4/20/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FE IS \$150.00
After MAY 1, 2001 Fe 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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	DESAI, ARCHANA G	
STREET ADDRESS	4270 ALOMA AVENUE, SUITE 124-99A	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DESAI, GARY	
STREET ADDRESS	4270 ALOMA AVENUE, SUITE 124-99A	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL GAURANG	
STREET ADDRESS	4270 ALOMA AVE, SUITE #124	
CITY-ST-ZIP	WINTER PARK, FL- 32792	
TITLE	Secretary / Treas.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL, RAKESH	
STREET ADDRESS	4270 ALOMA AVE, SUITE #124	
CITY-ST-ZIP	WINTER PARK, FL- 32792	
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		<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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

RAKESH PATEL

Date

4/20/01

Daytime Phone #

407-678-0059

CR2E034 (10/00)