## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2001 8:00 am DOCUMENT # P96000030884 Secretary of State 1. Entity Name BUD'S MINIMART, INC. 05-01-2001 90064 020 \*\*\*158.75 Principal Place of Business Mailing Address 1000 CARLTON ARMS BLVD 1000 CARLTON ARMS BLVD. 4. 3版性图试图《註 **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 65-0656156 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIJAY PATEL DESAI, BHADRESH PRITI Street Address (P.O. Box Number is Not Acceptable) 11914 CLUBHOUSE DR 1000, CARLTON ARMS BLVD **BRADENTON FL 34202** City Zip Code 34208 BRADENTON 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 (NOTE: Registered Agent signature required when reinstating) ed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT **E** Change TITLE Delete VIJAY PATEL DESAI, BHADRESH (BUD) NAME NAME ALMS BLVD. 1000, CARLTOH STREET ADDRESS STREET ADDRESS 11914 CLUBHOUSE DR CITY-ST-ZIP CITY-ST-7IP BRADENTOH FLORIDA -34208 BRADENTON FL 34202 ☐ Change TITLE VSTD Delete TITLE NAME DESAI, PRITI B NAME STREET ADDRESS STREET ADDRESS 11914 CLUBHOUSE DR CITY-ST-ZIP CITY-ST-ZIP Bradenton FL 34202 Change - Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: \_

VIJAY PATEL PRESIDENT

4/24/0)

941-748-6787

CR2E034 (10/00)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR