2001 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2001 8:00 am DOCUMENT # P96000089890 **Secretary of State** 1. Entity Name 01-26-2001 90153 023 ***150.00 SAGAR, INC Mailing Address Principal Place of Business 2005 EAST ORANGE AVE. 2005 EAST ORANGE AVE. **EUSTIS FL 32726** EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-3408206 Not Applicable Country \$8.75 Additional Country____ Zip ____ 5. Certificate of Status Desired ___ _ _ _ _ ___ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATEL, SANJAYKUMAR C Street Address (P.O. Box Number is Not Acceptable) 2005 EAST ORANGE AVE. EUSTIS FL 32726 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. टाराहाव CR2E034 (10/00) **Addition** □ Delete TITLE ☐ Change TITLE SANJATKUMAR C PATEL, SANJAYKUMAR C PATEL NAME NAME 2005 E ORANGE AVE 2005 E. ORANGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-7/P EUSTIS FL 32726 CUTY-ST-7/P FL 32726 EUSTIS Delete ☐ Change ☐ Addition TITLE TITLE YADAV, CHANDRAKANT NAME NAME STREET ADDRESS 319 E. ROSEWOOD LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAVARES FL 32778 . Change Addition TITLE TITLE 🔲 Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition TITLE Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

850.487.6059

FILED