Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **P97000027759** 1. Entity Name JAY PATEL, INC. 01-18-2000 90190 009 ***150.00 Mailing Address Principal Place of Business CENTURY AVENUE 502 CENTURY AVENUE FRUITLAND PARK FL 34731-2321 T PARK FL 34731 2. Principal Place of Business 3. Mailing Address 17 1400 S 1400 S Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3432736 Not Applicable rdess -607PM 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 PATEL, JITENDRA J Street Address (P.O. Box Number is Not Acceptable) **502 CENTURY AVENUE** FRUITLAND PARK FL 34731 Zip Code City 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 red Agent signature required when reinstating) Signature, typed of FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME PATEL, JAY NAME CR2E034 **502 CENTURY AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition -□ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TETLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-219 CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-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 vith an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

352-728-5064