2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90930 029 ***150.00

DOCUMENT # P97000030358

1. Entity Name

LAXMI MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4960 W. Irlo Bronson Mem. Hwy. Kissimmee, FL 34746 US	4960 W Irlo Bronson Mem Hwy Kissimmee, FL 34746 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3448199 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATEL, JAY R 4960 W. Irlo Bronson Mem. Hwy Kissimmee, FL 34746	Name PATEL JAY R Street Address (P.O. Box Number is Not Acceptable) 7701 UNIVERSAL BLVD City ORLANDO FL Zip Code 32819

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 _____ 4/25/01
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: FEE IS $150.00
After MAY 1, 2001 Fee 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, ARVIND 4872 CYPRESS WOODS DRIVE, #321 ORLANDO, FL 32811 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PATEL, ARVIND 10849 WOODCHASE CIRCLE ORLANDO, FL 32836
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, SANJAY 4872 CYPRESS WOODS DRIVE, #321 ORLANDO, FL 32811 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PATEL, SANJAY 4960 W. IRLO BRONSON MEM HWY KISSIMMEE, FL 34746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, JAY R 4515 VILLAGE WOOD DR. ORLANDO, FL 32835 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, JAYANTI 531 WESSEX DR. EVANS, GA 30809 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, NARAN 5875 W. IRLO BRONSON MEM. HWY KISSIMMEE, FL 34746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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.

SIGNATURE: _____ 4/25/01 407 313 4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #