

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000030358**

1. Entity Name
LAXMI MANAGEMENT, INC.

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90010 048 ***150.00

Principal Place of Business
4960 W. IRLO BRONSON MEM. HWY
KISSIMMEE FL 34746
US

Mailing Address
4960 W. IRLO BRONSON MEM. HWY
KISSIMMEE FL 34746
US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
7701 UNIVERSAL BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

4. FEI Number
59-3448199

Applied For
☐ Not Applicable

Zip
32819

Country

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

6. Name and Address of Current Registered Agent
PATEL, JAY R
7701 UNIVERSAL BLVD
ORLANDO FL 32819

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (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, 2002 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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATEL, ARVIND			NAME			
STREET ADDRESS	10849 WOODCHASE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATEL, SANJAY			NAME			
STREET ADDRESS	44960 W IRLO BRONSON MEM. HWY			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34746			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATEL, JAY R			NAME			
STREET ADDRESS	4515 VILLAGE WOOD DR.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATEL, JAYANTI			NAME			
STREET ADDRESS	531 WESSEX DR.			STREET ADDRESS			
CITY-ST-ZIP	EVANS GA 30809			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATEL, NARAN			NAME			
STREET ADDRESS	5875 W. IRLO BRONSON MEM. HWY.			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34746			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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.

SIGNATURE: _____

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/02 407 313 4200
Date Daytime Phone #

CR2E034 (9/01)