2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000046265 May 0

Mailing Address
1733 SW BILTMORE

3. Mailing Address

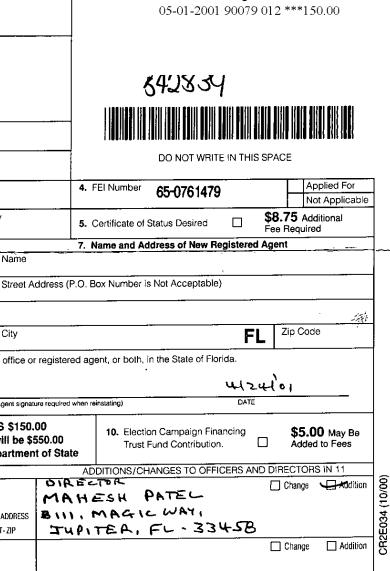
City & State

Suite, Apt. #, etc.

PORT ST LUCIE FL 34984

FILED May 01 2001

May 01, 2001 8:00 am Secretary of State



			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 Signature-typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Tax filing requirement and elects to do so. After MAY 1, 2001			FEE IS \$150.00 1 Fee will be \$550.00 e to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11. OFFICERS AND DIRECTORS			12.		DITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP- RAJESH PATEL 49848 COOKE AVE PLYMOUTH MI 48170	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 111 . f	TER, FL-334	•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAYAN PATEL 35 BUXTON LN BOYNTON BEACH FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	***			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PATEL, BAKUL 373 MEJESTIC PORT SAINT LUCIE FL 34984	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP	MUKE 608, M	EADOWS CIRCLE ONBEACH, FL. 3	Ē,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATEL, YOGESH 5766 TURNWOOD COURT JUPITER FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATEL STAG T	PRESIDENT YOUESH YRNUGON COUR TER, FL. 334	τ	⊒ -€hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, ANKUR 19578 TRAILS END TERRACE JUPITER FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	٠.		. [Change	☐ Addition
TITLE NAME STREET ADDRESS CITY: ST-ZIP	WILLIAM I. I. W. IVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition

Country

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:

1. Entity Name

1733 SW BILTMORE

PORT ST LUCIE FL 34984

Suite, Apt. #, etc.

City & State

Zip

Principal Place of Business

2. Principal Place of Business

PATEL, YOGESH

5766 TURNWOOD COURT JUPITER FL 33458

PERRY MUSIC CO., INCORPORATION

Country

6. Name and Address of Current Registered Agent

V. Pater (NAYAN PATER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4124/01

Day

Daytime Phone #