

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90137 005 ***150.00

DOCUMENT #

1. Entity Name



SUMAR INC. P 98 000000878

DO NOT WRITE IN THIS SPACE

90073296

2. Principal Place of Business

3. Mailing Address

7448 LAKEWORTH RD

1104 S DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKEWORTH

City & State

FL

Zip

FL 33467

Country

FLAMBETH.

Zip

33460

Country

PAIM BEACH

4. FEI Number

65-0653329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATEL MAHESH KUMAR

Street Address (P.O. Box Number is Not Acceptable)

1104 SOUTH DIXIE HWY

LAKEWORTH

City

FL

Zip Code

33460

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PATEL MAHESH KUMAR
1104 SOUTH DIXIE HWY
LAKEWORTH FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP.
PATEL MANISH KUMAR
7448 LAKEWORTH RD. LAKEWORTH
FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S.
AMISHA PATEL
1104 S DIXIE HWY
LAKEWORTH FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

AMISHA PATEL

4.2.03 361.582-1139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)