

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90479 013 \*\*\*150.00

**DOCUMENT # P98000030002**

1. Entity Name  
**SUITES MANAGEMENT, INC.**



Principal Place of Business  
**7400 CANADA AVENUE  
ORLANDO FL 32819**

Mailing Address  
**7400 CANADA AVENUE  
ORLANDO FL 32819**

**11003438**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3510751**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**KALDES, NIRMAKSEE  
7400 CANADA AVE  
ORLANDO FL 32819**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE, NAME **P** ☐ Delete  
**KALIDAS, NIRMAKSEE**  
STREET ADDRESS **9111 MID PINES CT.**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE, NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE, NAME **VP** ☐ Delete  
**KALIDAS, KOKKA**  
STREET ADDRESS **7034 HORIZON CIRCLE**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE, NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE, NAME **S** ☐ Delete  
**KALIDAS, ANITA**  
STREET ADDRESS **7095 HORIZON CIRCLE**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE, NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE, NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE, NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE, NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NirmaKsee Kalidas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03  
Date

407-363-0332  
Daytime Phone #

CR2E034 (10/02)