

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031165

1. Entity Name

VEE AM ENTERPRISES, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90008 028 ***150.00

Principal Place of Business

4161 W. COMMERCIAL BLVD.
TAMARAC FL 33319

Mailing Address

4161 W. COMMERCIAL BLVD.
TAMARAC FL 33319-3303

2. Principal Place of Business

5463 NW 89 way
Suite, Apt. #, etc.

3. Mailing Address

5463 NW 89 way
Suite, Apt. #, etc.

City & State

CONAL SPRINGS

City & State

CONAL SPRINGS

4. FEI Number

NOT APPLICABLE

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

MANIAR, RAJU
6635 W. COMMON BLVD.
TAMARAC FL 33319

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

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, 2000 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
NAME PATEL, VIRENDRA M
STREET ADDRESS 4161 W. COMMERCIAL BLVD.
CITY-ST-ZIP TAMARAC FL 33319

TITLE OFFICER
NAME PATEL, VIRENDRA M
STREET ADDRESS 5463 NW 89 way
CITY-ST-ZIP CONAL SPRINGS FL 33067

TITLE D
NAME PATEL, NALINI V
STREET ADDRESS 4161 W. COMMERCIAL BLVD.
CITY-ST-ZIP TAMARAC FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME PATEL, RANJI
STREET ADDRESS 4161 W COMMERCIAL BLVD
CITY-ST-ZIP TAMARAC FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MAURKUMAR PATEL
STREET ADDRESS 5463 NW 89 way
CITY-ST-ZIP CONAL SPRINGS FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE OFFICER
NAME SUNIL AMIN
STREET ADDRESS 10322 NW 15th ST
CITY-ST-ZIP CONAL SPRINGS FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE OFFICER
NAME NIMESH PATEL
STREET ADDRESS 5463 NW 89 way
CITY-ST-ZIP CONAL SPRINGS FL 33067

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 954 726 1185
Date Daytime Phone #