

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90010 031 ***158.75

DOCUMENT # P98000031165

1. Entity Name
VEE AM ENTERPRISES, INC.

Principal Place of Business

**5463 NW 89 WAY
 CORAL SPRINGS FL 33067**

Mailing Address

**5463 NW 89 WAY
 CORAL SPRINGS FL 33067**

2. Principal Place of Business

**2550 W. COMMERCIAL
 BLVD
 B**

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

Zip

33309

Country

U.S.A

Zip

Country

4. FEI Number

NOT APPLICABLE
65-0998162

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

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, 2001 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

TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	PATEL, VIRENDRA M	
STREET ADDRESS	5463 NW 89 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33069	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PATEL, RANJI	
STREET ADDRESS	4161 W COMMERCIAL BLVD	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATEL, MAURKUMAR	
STREET ADDRESS	5463 NW 89 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	AMIN, SUNIL	
STREET ADDRESS	10322 NW 15TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	PATEL, NIMESH	
STREET ADDRESS	5463 NW 89 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5463 NW 89 WAY	
STREET ADDRESS	CORAL SPRINGS FL 33067	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5463 NW 89 WAY	
STREET ADDRESS	CORAL SPRINGS FL 33067	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5463 NW 89 WAY	
STREET ADDRESS	CORAL SPRINGS FL 33067	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

954
1/31/2001 726-1185

CR2E034 (10/00)