

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047978

1. Entity Name

ARJUNA HOTELS, INC.

Principal Place of Business

5225 U.S. HWY. 27 NORTH
DAVENPORT FL 33837

Mailing Address

5225 U.S. HWY. 27 NORTH
DAVENPORT FL 33837-8830

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GUPTA, SURESH
5225 U.S. HWY. 27 NORTH
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name

PATEL SHAILESH

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

5875 W IRLO BROWSON HWY

City

KISSIMMEE,

FL

Zip Code

34746

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

4.13.00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, SHAILESH	
STREET ADDRESS	100 STOCKWELL, STOCKWELL, LONDON	
CITY-ST-ZIP	LONDON, SW9 9HR UTD. KINGDOM	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, SHIRISH M	
STREET ADDRESS	100 STOCKWELL, STOCKWELL, LONDON	
CITY-ST-ZIP	LONDON, SW9 9HR UTD. KINGDOM	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUPTA, SURESH	
STREET ADDRESS	5225 U.S. HWY. 27 NORTH	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 407-346-8883

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90011 006 ***150.00



DO NOT WRITE IN THIS SPACE