

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) Ye. 2000.

DOCUMENT # P98000056175
 1. Entity Name
Sansim Patel, Inc

DO NOT WRITE IN THIS SPACE

36404

2. Principal Place of Business
24415 Hiawassee Rd
 Suite, Apt. #, etc.

3. Mailing Address
24415 Hiawassee Rd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32835-6347 Country

Zip
32835-6347 Country

4. FEI Number
59-3542082 **Apply For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Bipin Patel S. Hiawassee Rd

Street Address (P.O. Box Number is Not Acceptable)
2441

City Orlando, FL Zip Code 32835

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] **PRESIDENT** 14 JUN 2002
Signature, print or stamped name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$41.25
 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 NAME STREET ADDRESS CITY-STATE-ZIP	<u>Bipin Patel</u> <u>24415 Hiawassee Rd</u> <u>Orlando, FL 32835-6347</u>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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CR2E004B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other I/we empowered.

SIGNATURE: [Signature] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #