

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
03-26-2001 90142 003 \*\*\*158.75

**DOCUMENT # P98000059069**

1. Entity Name  
**SAGUN CORPORATION**

Principal Place of Business

756 AUTUMN GLEN DRIVE  
MELBOURNE FL 32940

Mailing Address

756 AUTUMN GLEN DRIVE  
MELBOURNE FL 32940

2. Principal Place of Business

**3210 FISKE BLVD.S.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ROCKLEDGE, FL.**

City & State

Zip

**32955**

Country

**BREVARD**

Country

4. FEI Number

**59-3524417**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**PATEL, NIRANJAN S**  
**756 AUTUMN GLEN DRIVE**  
**MELBOURNE FL 32940**

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**  
**Tax filing requirement and elects to do so. 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, NIRANJAN S</b>	
STREET ADDRESS	<b>756 AUTUMN GLEN DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Niranj*

**NIRANJAN S. PATEL PRESIDENT 3/23/01 (321) 223-5773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)