

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90053 026 ***150.00

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DOCUMENT # P98000068428

1. Entity Name

ANITA, INC.

Principal Place of Business

4486 N SUNCOAST BLVD
 CRYSTAL RIVER FL 34429

Mailing Address

2380 N.W. US 19
 CRYSTAL RIVER FL 34428

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2715 CROSS RD PARKWAY

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

Zip

34945

Country

4. FEI Number

59-3562328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PATEL, KAMLESH
 3921 N SEMINOLE POINT
 CRYSTAL RIVER FL 34429

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, 2002 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	DESAI, PARESH	
STREET ADDRESS	507 NW 9TH AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428-3811	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESAI, ANIL	
STREET ADDRESS	4645 NW BOGI CT	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, KAMLESH	
STREET ADDRESS	3921 N SEMINOLE POINT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, MAYUR	
STREET ADDRESS	4486 N SUNCOAST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESAI, ANJANA	
STREET ADDRESS	4645 NW BOGI COURT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESAI, PARESH	
STREET ADDRESS	507 N.W. 9TH AVE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
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	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, MAYUR	
STREET ADDRESS	1020 S.E 3RD AVE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
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 like empowered.

SIGNATURE:

Mayer Patel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/02

352-795-2111

Date

Daytime Phone #

CP2E034 (9/01)