2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P98000080215 Apr 23, 2000 8:00 am Secretary of State PERDIDO KEY HOSPITALITY, INC. 04-23-2000 90041 022 ***150.00 Principal Place of Business Mailing Address 2726 N. MONROE ST. 2726 N. MONROE ST. TALLAHASSEE FL 32303 TALLAHASSEE FL 32303-4030 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3537473 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired はら US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATEL, SAMIR R Street Address (P.O. Box Number is Not Acceptable) 2726 N. MONROE ST. TALLAHASSEE FL 32303 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Delete TITLE PARSHOTAM, OOMESH NAME NAME STREET ADDRESS 7194 PENSACOLA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Change ■ Addition ☐ Delete TITLE TITLE PATEL, JAYESH H NAME NAME STREET ADDRESS 1504 S. MCKENZIE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **FOLEY AL 36535** ☐ Change ☐ Addition ☐ Defete TITLE TITLE PATEL. SAMIR R NAME NAME 2726 N. MONROE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 **Change** ☐ Addition Delete TITLE TITLE PATEL, KETAN M NAME NAME 2121 ADDERBURY LANE STREET ADDRESS 2284 HARTSFIELD WAY STREET ADDRESS SMYRNA, GA 30082 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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