

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P98000082454****1. Entity Name**
LALJI INVESTMENTS INC.

Principal Place of Business 4132 LAFAYETTE ST. MARIANNA FL 324465654	Mailing Address 4132 LAFAYETTE ST. MARIANNA FL 324465654
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2. Principal Place of Business 4132 LAFAYETTE ST. Suite, Apt. #, etc.	3. Mailing Address 4132 LAFAYETTE ST. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MARIANNA FL	City & State MARIANNA FL	4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 324465654	Country US	Zip 324465654	Country US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**

PATEL SUNIL
4132 LAFAYETTE ST.

MARIANNA FL 324465654

7. Name and Address of New Registered Agent

Name
PATEL SUNIL L
Street Address (P.O. Box Number is Not Acceptable)
4132 LAFAYETTE ST.

City
MARIANNA FL Zip Code
324465654

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** **SUNIL L PATEL****05/01/2000**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL KAUSHIK H 114 U.S. 90 WEST BONIFAY FL 32425	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SUNIL PATEL 4139 LAFAYETTE ST MARIANNA FL 32448	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL MADHU S 4132 LAFAYETTE STREET MARIANNA FL 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SUNIL PATEL L 4132 LAFAYETTE ST MARIANNA FL 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** Sunil L. Patel**PREP** 05/01/2000