

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90188 021 \*\*\*150.00

**DOCUMENT # P98000086114**

1. Entity Name  
**ROOSHEE, INC.**



Principal Place of Business  
**5401 W OAK RIDGE RD**  
**K-14**  
**ORLANDO FL 32819**  
**US**

Mailing Address  
**203 EAST CENTRAL AVENUE**  
**WINTER HAVEN FL 33880**

**11014399**



2. Principal Place of Business

**ROOSHEE INC**

3. Mailing Address

**Trailer box**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5401 W. OAK RIDGE RD, Ste 61**

**5401 W. OAK Rd, Ste- 61**

City & State

City & State

**ORlando. FLORIDA**

**ORlando. Florida**

Zip

Country

Zip

Country

**32819**

**ORANGE**

**32819**

**ORANGE**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3536772**

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

**PATEL, HIREN M**  
**828 CHAMBERLAIN LOOP**  
**LAKE WALES FL 33853**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Hiren Patel*  
Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-21-03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PATEL, HIREN M 828 CHAMBERLAIN LOOP LAKE WALES FL 33853</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Hiren M. Patel**  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Hiren Patel*

Date

4-21-03

Daytime Phone #

CR2E034 (10/02)