

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088018

1. Entity Name

JAG DAMBA, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90030 049 ***150.00

Principal Place of Business

Mailing Address

11531-14 SAN JOSE BLVD.
JACKSONVILLE FL 32223

11531-14 SAN JOSE BLVD.
JACKSONVILLE FL 32223-7911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite (Apt. #, etc.)

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3537910

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, RAKESH V
3200 HARTLEY RD., #272
JACKSONVILLE FL 32257

Name Patel, Rakesh V

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

11001 old st. Augustine Rd, Apt # 215

City Jacksonville

FL

Zip Code 32257

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.

President

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATEL, RAKESH	
STREET ADDRESS	3200 HARTLEY RD #272	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PATEL, MONA	
STREET ADDRESS	3200 HARTLEY RD #272	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patel, Rakesh	
STREET ADDRESS	11001 old st. Augustine Rd	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patel mona	
STREET ADDRESS	11001 old st. Augustine Rd, Apt # 215	
CITY-ST-ZIP	Jacksonville, FL 32257	
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		<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:

Rakesh V. Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/00 (904) 292-4336

CR2E034 (9/99)