

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90286 040 ***150.00

DOCUMENT # P98000100251

1. Entity Name
PARIKH GROUP, INC.

Principal Place of Business 7919 COURT LEIGH DRIVE ORLANDO FL 32835 US	Mailing Address 7919 COURT LEIGH DRIVE ORLANDO FL 32835 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1700 N. ORANGE AVE.	3. Mailing Address 8417 Tivoli Dr.
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Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.
City & State ORLANDO FL	City & State Orlando, FL

4. FEI Number 59-3544866	Applied For <input type="checkbox"/> Not Applicable
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Zip 32804	Country USA	Zip 32836	Country USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PARIKH, BEENA M
7919 COURT LEIGH DRIVE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name **BEENA M. PARIKH**
 Street Address (P.O. Box Number is Not Acceptable)
8417 Tivoli Dr
 City **Orlando** FL Zip Code **32836**

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 **BEENA M. PARIKH Pres.** DATE **04/19/02**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PARIKH, BEENA M 7919 COURT LEIGH DRIVE ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8417 Tivoli Dr. Orlando, FL 32836 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BEENA PARIKH Pres** DATE **04/19/02** DAYTIME PHONE # **407-996-2819**

UBR0304 4/05/02

CR2E034 (9/01)