

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000015639**

1. Entity Name
PARALLEL HOTELS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR -5 AM 10:51

Principal Place of Business
**2020 APALACHEE PARKWAY
TALLAHASSEE FL 32301**

Mailing Address
**2020 APALACHEE PARKWAY
TALLAHASSEE FL 32301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number **59-3563641** Applied Not Applied

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 K 2020 APALACHEE PARKWAY TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so **FILE NOW!!! FEE IS \$150.00**
After MAY 17, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fee

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	PATEL, RAKESH K			NAME			
STREET ADDRESS	2020 APALACHEE PKWY			STREET ADDRESS			\$150.00
CITY-STATE-ZIP	TALLAHASSEE FL 32301			CITY-STATE-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	PATEL, KANTI B			NAME			
STREET ADDRESS	431 TANBARK PLACE			STREET ADDRESS			1 check for 200.00
CITY-STATE-ZIP	TALLAHASSEE FL 32301			CITY-STATE-ZIP			1 LLC UBR
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			L99-5284
STREET ADDRESS				STREET ADDRESS			700003962177--9
CITY-STATE-ZIP				CITY-STATE-ZIP			-04/03/01 --01034 --005
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	****200.00 ****150.00
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g) 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, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RAKESH PATEL** **3/29/2001** **850-877-4437**