

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90181 015 ***150.00

DOCUMENT # P99000022661

1. Entity Name
DESAI MAROLIA ENTERPRISE, INC.

Principal Place of Business

**C/O QUALITY FOOD MART
5501 SE ABAHIER BLVD
BELLEVUE FL 34420**

Mailing Address

**C/O QUALITY FOOD MART
5501 SE ABAHIER BLVD
BELLEVUE FL 34420**

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 **59-3563713**

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

**DESAI, JANAK D
C/O QUALITY FOOD MART
5501 SE ABAHIER BLVD
BELLEVUE FL 34420**

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.

SIGNATURE _____ (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, 2001 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 type="checkbox"/> Delete
NAME	DESAI, JANAK D	
STREET ADDRESS	5425 SE 107TH PL	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAROLINA, MAHESH S	
STREET ADDRESS	4040 WEST SILVER SPRINGS BLVD.	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAROLINA, JANAK D	
STREET ADDRESS	2701 REGAL POINT PLACE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESAI, THAKOR C	
STREET ADDRESS	935 SPRINGFIELD ROAD	
CITY-ST-ZIP	MILLBRAE CA 94030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESAI, JANAK D	
STREET ADDRESS	5425 S.E. 107TH PL.	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROLIA, MAHESH S	
STREET ADDRESS	2630 S.W. 36TH LANE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROLIA, JANAK S	
STREET ADDRESS	2701 REGAL POINT PLACE	
CITY-ST-ZIP	EUSTIS FL 32726	
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: Janak Desai **JANAK DESAI V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01
Date

352-245-7535
Daytime Phone #

CR2E034 (10/00)