

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90462 026 ***150.00

DOCUMENT # P99000022661

1. Entity Name
DESAI MAROLIA ENTERPRISE, INC.



Principal Place of Business
C/O QUALITY FOOD MART
5501 SE ABAHIER BLVD
BELLEVIEW FL 34420

Mailing Address
C/O QUALITY FOOD MART
5501 SE ABAHIER BLVD
BELLEVIEW FL 34420



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3924 W. SILVER SPRINGS BLVD

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

OCALA FLORIDA

4. FEI Number 59-3563713

Applied For

Not Applicable

Zip

Country

Zip

Country

34482

MARION

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
BELLEVIEW FL 34420

Name

DESAI JANAK D

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

3924 W. SILVER SPRINGS BLVD

City

OCALA

FL

Zip Code

34482

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

JANAK DESAI V.P.

4/17/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE \$ \$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 **VP** ☐ Delete
NAME **DESAI, JANAK D.**
STREET ADDRESS **5425 SE 107TH PL**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **DESAI JANAK D.**
STREET ADDRESS **3924 W. SILVER SPRINGS BLVD**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **P** ☐ Delete
NAME **MAROLIA, MAHESH S**
STREET ADDRESS **2630 S.W. 36TH LANE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MAROLIA, JANAK S**
STREET ADDRESS **2701 REGAL POINT PLACE**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DESAI, THAKOR C**
STREET ADDRESS **935 SPRINGFIELD ROAD**
CITY-ST-ZIP **MILLBRAE CA 94030**

TITLE **D** ☒ Change ☐ Addition
NAME **DESAI THAKOR C**
STREET ADDRESS **1107 MOCKING BIRD CT.**
CITY-ST-ZIP **SAN JOSE CA 95120**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 (352) 629-8794

Date

Daytime Phone #

CR2E034 (10/02)