

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90163 038 ***150.00

DOCUMENT # P 99000025344

1. Entity Name

MUKESH TRADING, INC.

Principal Place of Business

1209 US HWY 1792 S.
 LONGWOOD FL 32750

Mailing Address

1209 US HWY 1792 S.
 LONGWOOD FL 32750

A0066963

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

623 Queens Bridge Dr
 Suite, Apt. #, etc.

3. Mailing Address

623 Queens Bridge Dr
 Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

Lake Mary FL

4. FEI Number

59-3565588

Applied For

Not Applicable

Zip

32746

Country

Zip

32746

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MUKESH D PATEL
 623 Queens Bridge Dr
 Lake Mary, FL 32746

7. Name and Address of New Registered Agent

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

M Patel

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

(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, 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

TITLE P171510
 NAME PATEL MUKESH D.
 STREET ADDRESS 623 Queens Bridge Dr
 CITY-ST-ZIP Lake Mary FL 32746 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

M Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

7407-696-0034

Daytime Phone #

CR2E034 (9/99)