

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027256

1. Entity Name
SHREE JALARAM #2 INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90090 011 ***550.00

Principal Place of Business
2606 FOWLER STREET
FT. MYERS FL 33901

Mailing Address
2606 FOWLER STREET
FT. MYERS FL 33901

2. Principal Place of Business

3. Mailing Address
2407 EAST MALL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT. MYERS FL

4. FEI Number

59-3578-779

☒ Applied For
☐ Not Applicable

Zip

Country

Zip
33901

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, RODERICK
2402 EAST MALL DR.
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name
BHUPENDRA PATEL

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

2606 FOWLER ST

City

FT. MYERS

FL

Zip Code

33901

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

[Signature]

BHUPENDRA PATEL

8-2-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCLEOD, RODERICK
2407 EAST MALL DR.
FT. MYERS FL 33901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PATEL, BHUPENDRA
2606 FOWLER STREET
FT. MYERS FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-200 (941) 334-2474
Date Daytime Phone #

CR2E034 (5/00)