

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000036332**

1. Entity Name

**FLORIDA WHOLESALE ENTERPRISES, INC.****FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90217 011 \*\*\*150.00

Principal Place of Business

4505 OLD HWY 37  
LAKELAND FL 33813

Mailing Address

4505 OLD HWY 37  
LAKELAND FL 33813

2. Principal Place of Business

**921 SHADOW DR**

Suite, Apt. #, etc.

**SUITE 10 AND 11**

City &amp; State

**LAKELAND, FL.**

Zip

**33809**

Country

**USA**

3. Mailing Address

**921 SHADOW DR**

Suite, Apt. #, etc.

**SUITE 10 AND 11**

City &amp; State

**LAKELAND, FL.**

Zip

**33809**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3570709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PATEL, NILESH**  
**4505 OLD HWY 37**  
**LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name **PARESH AMIN**

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

**4505 OLD HWY 37**

City

**LAKELAND.****FL**

Zip Code

**33813**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*P. Amin***2-9-02**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PT	PATEL, NILESH	4505 OLD HWY 37	LAKELAND FL 33813	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VS	AMIN, PARESH	4505 OLD HWY 37	LAKELAND FL 33813	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T	PATEL, MAYUR	4355 DIAMOND RD. S.W.	WINTER HAVEN FL 33880	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
S	PATEL, RAJHIKANT	1548 DANBURY LOOP	LAKELAND FL 33809	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PT	PARESH AMIN	4505 OLD HWY 37	LAKELAND, FL. 33813	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VS AND S	PATEL, RAJHIKANT	1548 DANBURY LOOP	LAKELAND FL. 33809	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*P. Amin***2-9-01****863-815-1526**

CR2E034 (10/00)