2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE ANALYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000058998** Jan 19, 2000 8:00 am **Secretary of State** DAYTONA CIRCLE INC 01-19-2000 90255 035 ***150.00 Mailing Address Principal Place of Business 600 W. INTERNATIONAL SPEEDWAY BLVD. 600 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114-3538 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59·3583384 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEL, DHRUPA GUNJAN Street Address (P.O. Box Number is Not Acceptable) 25 N. BELCHER RD. # H-133 **CLEARWATER FL 33765** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Delete TITLE TITLE PATEL, DHRUPA PATEL, DHRUPA GUNJAN NAME NAME 25 M'BELCHER RD # H-133 STREET ADDRESS STREET ADDRESS 25 N. BELCHER RD. #H-133 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** Change ☐ Delete TITLE TITLE JAFFER MEHDYMOHAMED MEHDYMOHAMED JIWANI, JAFFER NAME NAME 25 N BELLHER STREET ADDRESS 25 N. BELCHER RD. #H-133 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 ☐ Addition ☐ Change ___Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.