

2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P99000063922

1. Entity Name

SRINATHJI ENTERPRISES, INC.

Principal Place of Business

Mailing Address

724 N. WABASH AVE Same as
 LAKE LAND, FL 33815 Principal

TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3637617

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MANILAL PATEL
 929 72nd St. N
 St. Pete, FL 34434

Name

MANILAL PATEL

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

3876 GOLF VILLAGE, LOOP #8

City

LAKE LAND

FL

Zip Code

33809

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

MANILAL PATEL

MANILAL PATEL

4/30/00

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

(NOTE: Registered Agent signature required when releasing)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

MANILAL PATEL ☐ Delete

NAME

3876 GOLF VILLAGE, LOOP #8
 LAKE LAND, FL 33809

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

BHAVNA PATEL ☐ Delete

NAME

3876 GOLF VILLAGE, LOOP #8
 LAKE LAND, FL 33809

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

V.P. / Treasurer ☐ Delete

NAME

BINA PATEL
 3912 GOLF VILLAGE, LOOP #5
 LAKE LAND, FL 33809

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

Secretary ☐ Delete

NAME

VAISHALI PATEL
 3912 GOLF VILLAGE, LOOP #5
 LAKE LAND, FL 33809

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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NAME

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)(f), 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:

MANILAL PATEL

4/30/00 863-816-9121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #