

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000064606

FILED
Apr 08, 2002 8:00 AM
Secretary of State

Entity Name: PATEL DONUT CORPORATION

Current Principal Place of Business:

6176 BOX LEAF PLACE
LAKE WORTH, FL 33476

New Principal Place of Business:

Current Mailing Address:

6176 BOX LEAF PLACE
LAKE WORTH, FL 33476

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANDIN, GARY I
3111 UNIVERSITY DRIVE, #404
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DESAI, NAKLIKANT
Address: 6176 BOX LEAF PLACE
City-St-Zip: LAKE WORTH, FL 33476

Title: D () Delete
Name: DESAI, KAUSHEL
Address: 6176 BOX LEAF PLACE
City-St-Zip: LAKE WORTH, FL 33476

Title: D () Delete
Name: PATEL, MAHESH
Address: 6176 BOX LEAF PLACE
City-St-Zip: LAKE WORTH, FL 33476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAUSHAL DESAI

Electronic Signature of Signing Officer or Director

OWNE

04/08/2002

Date