

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90008 002 ***150.00

DOCUMENT # P99000066920

1. Entity Name
FMP ENTERPRISES, INC.

Principal Place of Business
2240 BELLEAIR ROAD SUITE 100
CLEARWATER FL 33764

Mailing Address
2240 BELLEAIR ROAD SUITE 100
CLEARWATER FL 33764

2. Principal Place of Business
50 BAHAMA CR
Suite, Apt. #, etc.

3. Mailing Address
50 BAHAMA CR
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip
33606
Country
USA

City & State
TAMPA, FL
Zip
33606
Country
USA

4. FEI Number 59-3597294
Applied For
Not Applicable

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

MOORE, STEVEN W ESQ.
%STEVEN W. MOORE, P.A.
2240 BELLEAIR ROAD SUITE 100
CLEARWATER FL 33764

Name
STEVEN W. MOORE, Esq.
Street Address (P.O. Box Number is Not Acceptable)
8200 Bryan Diaz Rd, Ste 300
City Largo FL Zip Code 33772

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)

1/24/01
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PATEL, I C
STREET ADDRESS 2240 BELLEAIR ROAD SUITE 100
CITY-ST-ZIP CLEARWATER FL 33764 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Director
NAME Randhoo Khant
STREET ADDRESS 50 Bahamas Dr.
CITY-ST-ZIP Tampa FL 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

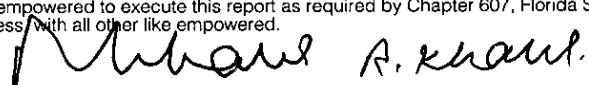
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01 813-684-6000
Date Daytime Phone #

CR2E034 (10/00)