

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 8:00 am
Secretary of State**

01-26-2000 90119 013 ***150.00

DOCUMENT # P99000069327

1. Entity Name

MAYA HOTEL CORPORATION

Principal Place of Business

**4486 N. SUNCOAST BOULEVARD
CRYSTAL RIVER FL 34428**

Mailing Address

**4486 N. SUNCOAST BOULEVARD
CRYSTAL RIVER FL 34428-6368**

2. Principal Place of Business

3. Mailing Address

2380 N.W. H-WAY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CRYSTAL RIVER, FL

Zip

Country

Zip

Country

34428**CITRUS**

4. FEI Number

59-359 3997

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

**BARNES, G. MAX
10113 KIMBROUGH DRIVE
BROOKSVILLE FL 34601**

Name

PATEL MAYUR

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

2380 N.W. H-WAY 19

City

CRYSTAL RIVER**FL**

Zip Code

34428

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

Mayur N Patel

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

(NOTE: Registered Agent signature required when reinstating)

Jan 21st 00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DESAI, PARESH	
STREET ADDRESS	507 N.W. 9TH AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, KAMLESH	
STREET ADDRESS	3921 N. SEMINOLE POINT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, MAYUR	
STREET ADDRESS	1203 S.E. 4TH AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Mayur N Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 21st 00

Date

352-795-2111

Daytime Phone #