2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P 99000073562

1. Entity Name

5U·50, INC.

Principal Place of Business   Mailing Address

2530 S. ATLANTIC AVE.
DAYTONA BEACH SHORES, FL 32118

825300

DO NOT WRITE IN THIS SPACE
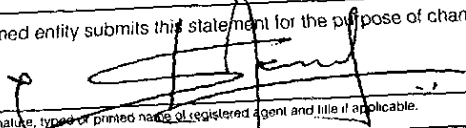
2. Principal Place of Business	3. Mailing Address	
1377 BEVILLE RD	1377 BEVILLE RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State DAYTONA BEACH FL	City & State DAYTONA BEACH FL	4. FEI Number 59·3592957 Applied For / Not Applicable
Zip 32119 Country	Zip 32119 Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent   Name

KAILESH R. DESAI
2530 S. ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118

Street Address (P.O. Box Number is Not Acceptable)
1377 BEVILLE RD

City DAYTONA BEACH   FL   Zip Code 32119

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.

3/17/00   DATE

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.
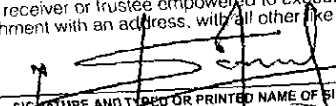(NOTE: Registered Agent signature required when reinstating)

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☑ Change   ☐ Addition

11. OFFICERS AND DIRECTORS		12.	
TITLE PISITID	☐ Delete	TITLE NAME	1377 BEVILLE RD
NAME KAILESH R. DESAI		STREET ADDRESS	DAYTONA BEACH FL 32119
STREET ADDRESS 2530 S. ATLANTIC AVE		CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP DAYTONA BEACH SHORES FL 321	☐ Delete	TITLE	
TITLE		NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	☐ Delete	TITLE	
TITLE		NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	☐ Delete	TITLE	
TITLE		NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	☐ Delete	TITLE	
TITLE		NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	☐ 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 changed, or on an attachment with an address, with all other like empowered.

3/17/00   Date   Daytime Phone #

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR