

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088893

1. Entity Name

K & V MOBIL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90164 009 ***150.00

Principal Place of Business

7058 NW 68 DRIVE
PARKLAND FL 33067

Mailing Address

7058 NW 68 DRIVE
PARKLAND FL 33067 4728

2. Principal Place of Business

1990 N. DIXIE HWY

Suite, Apt. #, etc.

BOCA

3. Mailing Address

1990 N. DIXIE HWY

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

U.S.A.

Zip

33432

Country

U.S.A.

4. FEI Number

65-0955063

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

MANIAR, RAJU
6635 W. COMMERCIAL BLVD. #215
TAMARAC FL 33319

Name

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

City

FL

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	PATEL, KALPESH	
STREET ADDRESS	7058 NW 68 DRIVE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	☐ Delete
NAME	SHIANI, VALJI	
STREET ADDRESS	6005 NW 72 COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

561-392-8375

Daytime Phone #

CR2E034 (9/99)