

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091254

1. Entity Name
HASSEE CORP.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90019 021 ***150.00

Principal Place of Business

2380 NW HWY. 19
CRYSTAL RIVER FL 34428

Mailing Address

2380 NW HWY. 19
CRYSTAL RIVER FL 34428

004000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3654788**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DESAI, PARCSH
2380 NW HWY. 19
CRYSTAL RIVER FL 34428

Name **DESAI PARESH**

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

2380 N.W. HWAY 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 _____ (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, 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 NAME ☐ Delete
D
DESAI, PARESH
STREET ADDRESS
507 NW 9TH AVE
CITY-ST-ZIP
CRYSTAL RIVER FL 34428

TITLE NAME ☒ Change ☐ Addition
D
DESAI PARESH
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D
PATEL, MAX
STREET ADDRESS
1020 SE 3RD AVE
CITY-ST-ZIP
CRYSTAL RIVER FL 34428

TITLE NAME ☒ Change ☐ Addition
PATEL MAYUR
STREET ADDRESS
1020 SE 3RD AVE
CITY-ST-ZIP
CRYSTAL RIVER, FL 34428

TITLE NAME ☐ Delete
D
PATEL, KAMLESH
STREET ADDRESS
3921 N SEMINOLE POINT
CITY-ST-ZIP
CRYSTAL RIVER FL 34428

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: Mayer Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/01

Date

352/795/2111

Daytime Phone #

0629219

CR2E034 (10/00)