

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097117

1. Entity Name

MRM UNIVERSAL MANAGEMENT, INC. ✓

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90025 018 \*\*\*550.00

Principal Place of Business

302 CROSSVINE WAY  
SIMPSONVILLE SC 29680

Mailing Address

302 CROSSVINE WAY  
SIMPSONVILLE SC 29680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2166385

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS PATEL, RAJNIKANT R  
CITY-ST-ZIP 302 CROSSVINE WAY  
SIMPSONVILLE SC 29680

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Mukund J. Desai  
CITY-ST-ZIP 16 W. Shefford Street  
Greer, SC 29650

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME ~~Director~~  
STREET ADDRESS Manish D. Atma  
CITY-ST-ZIP 2700 Towhee Court  
Charlotte, NC 28269

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Shailesh D. Atma  
CITY-ST-ZIP 11807 Song Sparrow Lane  
Charlotte, NC 28269

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Naresh D. Atma  
CITY-ST-ZIP 11807 Song Sparrow Lane  
Charlotte, NC 28269

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00 844-297-8794

Date

Daytime Phone #

CR2E034 (5/00)