

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000098605

1. Entity Name

TAAJ RESORTS, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90017 020 \*\*\*150.00

Principal Place of Business

Mailing Address

8134 INTERNATIONAL DR.  
 ORLANDO FL 32819

8134 INTERNATIONAL DR.  
 ORLANDO FL 32819-9323

2. Principal Place of Business

7701 UNIVERSAL BLVD

3. Mailing Address

7701 UNIVERSAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

4. FEI Number

59-3609296

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

PATEL, JAY R  
 8134 INTERNATIONAL DR.  
 ORLANDO FL 32819

Name

JAY. R. PATEL

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

7701 UNIVERSAL BLVD

City

ORLANDO

FL

Zip Code

32819

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 JAY. R. PATEL PRESIDENT 4/22/2000

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 PRESIDENT D ☐ Delete  
 NAME JAY. R. PATEL  
 STREET ADDRESS 4515 VILLAGE WOOD DR  
 CITY-ST-ZIP ORLANDO FLORIDA 32835

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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: JAY. R. PATEL  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2000  
 Date

407 497 9796  
 Daytime Phone #

CR2E034 (9/99)