2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000100722

1. Entity Name

SRI JALARAM, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90273 039 ***158.75

2000 N A1A	A1A HWY A1A HWY A1A HWY A1A HWY A1A HWY A1A HWY AND FL 32903							
R. Principal Place of Business 3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.	e, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
COCOA, FLORIDA		City & State		4. F	50-2615619 H		plied For ot Applicable	
3292	6. Name and Address of Current	Zip	Country		Pertilicate of Status Desired	8.75 Add ee Require		
PATEL, JA 271 LAKE	Name Street Addre	Name 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)						
MERRITT ISLAND FL 32953			City			Zip Cod		
	named entity submits this statement for ons of registered agent.	the purpose of changing its		istered age	FL ent, or both, in the State of Florida. I am fa			
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature rec	quired when rei	instating) DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			9. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATIDAR, VANITA 2900 N A1A HWY INDIALANTIC FL 32903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATEL, JAGRUTI B 271 LAKE SHORE DR MERRITT ISLAND FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete □	TITLE NAME STREET ADDRESS CITY-ST-ZIP		an de grande (no de la composition della composition della composition della composition della composition della composi	Change	Addition	
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ITTLE VAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0	19 07(3)(i) Florida Statules Truther certi	☐ Change	☐ Addition	

Thereby certify that the information suppried with this friend opes not quarity 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.