

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0673945 FP

04-14-2003 90732 014 \*\*\*150.00

**DOCUMENT # P99000105919**

1. Entity Name  
**SHREE HOSPITALITY, INC.**



Principal Place of Business  
**4670 W US HWY 90  
LAKE CITY FL 32052**

Mailing Address  
**C/O RAMADA LTD  
4670 W US HWY 90  
LAKE CITY FL 32052**



2. Principal Place of Business  
**3340 W. U.S. HWY 90**  
Suite, Apt. #, etc.

3. Mailing Address  
**C/O RAMADA LTD**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**LAKE CITY FL**

City & State  
**LAKE CITY FL**

4. FEI Number **59-3616720**

Applied For  
Not Applicable

Zip **32055** Country **USA**

Zip **32055** 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

**JHAVERI, DILIP  
4670 W US HWY 90  
LAKE CITY FL 32055**

Name **JHAVERI, DILIP**  
Street Address (P.O. Box Number is Not Acceptable)  
**3340 W. U.S. HWY 90**  
City **LAKE CITY FL** Zip Code **32055**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *D. J. Patel*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/06/03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, NICK A 4670 W US HWY 90 LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JHAVERI, DILIP 3340 W. U.S. HWY 90 LAKE CITY FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

03/06/03 386-752-6262

Date

Daytime Phone #

CR2E034 (10/02)