

2000 UNIFORM BUSINESS REPORT (UBR)

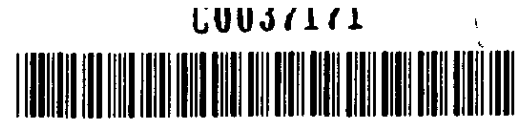
FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90081 030 ***150.00

DOCUMENT # S39865
 1. Entity Name
SAHARA MOTEL, INC.

Principal Place of Business 10910 GANDY BLVD ST. PETERSBURG FL 33702 US	Mailing Address 10910 GANDY BLVD. ST. PETERSBURG FL 33702-1430
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

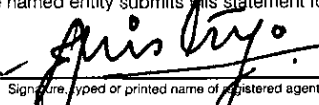


DO NOT WRITE IN THIS SPACE

4. FEI Number 08-0644800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PATEL, SANDIP I ESQ
122 SOUTH HOWARD AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name **DHARMESH MISTRY**
 Street Address (P.O. Box Number is Not Acceptable)
10910 GANDY BLVD.
 City **ST. PETERSBURG, FL** Zip Code **33702-1430**

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  **DHARMESH MISTRY, President** **Feb. 14, 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISTRY, ARUN G. 10910 GANDY BLVD. ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S&T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DHARMESH MISTRY 10910 GANDY BLVD. ST. PETERSBURG, FL 33702-1430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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:  **DHARMESH MISTRY, President** **Feb. 14, 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)