

2002 UNIFORM BUSINESS REPORT (UBR)

0104622 AV

DOCUMENT # **S80527**

1. Entity Name

SHANGRI LA U.S.A., INC.

FILED

03 FEB 26 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**580 WILMER AVE
UNIT F
ORLANDO FL 32808
US**

Mailing Address

**580 WILMER AVE
UNIT F
ORLANDO FL 32808
US**

2. Principal Place of Business

**7818 Kings pointe pk
way**

3. Mailing Address

**7818 Kings pointe Park
Way**

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32819

Country

US

Zip

32819

Country

US

REINSTATEMENT 02-03

4. FEI Number

59-3081747

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, SMITA
8234 SANDBERRY BLVD.
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2002 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

TITLE **VSP** ☐ Delete
NAME **PATEL, SMITA**
STREET ADDRESS **8234 SANDBERRY BLVD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **Patel Smita** ☐ Delete
NAME **9100 Bay hill Blvd.**
STREET ADDRESS **Orlando FL - 32819**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **200009321192**
CITY-ST-ZIP **12/03/02--01061--024 **150.00**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **200009321192**
CITY-ST-ZIP **02/28/03--01078--013 **758.75**

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

TITLE ☐ Change ☐ Addition
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

10/25/02 407-655-7700
Date Daytime Phone #

CR2E034 (9/01)