

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V19604

1. Entity Name

SAI JAYMEE, INCORPORATED

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90058 018 \*\*\*150.00

Principal Place of Business 1925 WEST NEW HAVEN AVENUE WEST MELBOURNE FL 32904	Mailing Address 2080 HENRY AVENUE WEST MELBOURNE FL 32904-7435 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3955 N.E. DIXIE HWY Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State PALM BAY, FL 32905	City & State
Zip Brevard	Country

4. FEI Number 59-3116111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PATEL, KIRIT J. 2080 HENRY AVE. WEST MELBOURNE FL 32904	
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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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, KIRIT J 2080 HENRY AVE. WEST MELBOURNE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, NEESA K 2080 HENRY AVE. WEST MELBOURNE FL <input type="checkbox"/> Delete	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"/> Delete	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 reports 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: KIRIT PATEL 04-22-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)