

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27172

1. Entity Name

A H A # 1 ENTERPRISES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90097 025 ***150.00

Principal Place of Business

Mailing Address

477 E HWY 50
CLERMONT FL 34711

477 E HWY 50
CLERMONT FL 34711-2545
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

477 E HWY 50 CLERMONT FL

3. Mailing Address

477 E HWY 50 CLERMONT FL 34711

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

CLERMONT - FLORIDA

City & State

CLERMONT FLORIDA

4. FEI Number

59-3121114

Applied For

Not Applicable

Zip

34711

Country

LAKE

Zip

34711

Country

LAKE

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

PATEL, JITENDRA P.
97 SUNNYSIDE DR
CLERMONT FL 34711

Name

N/A

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.

N/A

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|---------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| D | PATEL, KAILESHBEN J | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 477 E. HWY. 50 | | |
| CITY-ST-ZIP | CLERMONT FL 32711 | | |
| <input type="checkbox"/> Delete | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| <input type="checkbox"/> Delete | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| <input type="checkbox"/> Delete | | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)