

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J84718

1. Entity Name

SHREE REALTY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90032 001 ***300.00

Principal Place of Business Mailing Address
C/O WILLIAM J. HALEY. ESQ. C/O WILLIAM J. HALEY. ESQ.
P.O. BOX 1029 P.O. BOX 1029
LAKE CITY FL 32056 LAKE CITY FL 32056-1029

9402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 59-2836357 Applied For Not Applicable

Zip Country Zip 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

HALEY, WILLIAM J., ESQ.
10 NORTH COLUMBIA STREET
LAKE CITY FL 32056-1029

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) ☐

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	PATEL, VINOD	
STREET ADDRESS	212 HARRIS LAKE DR	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PATEL, KHUSHROO E.	
STREET ADDRESS	2030 POST RD	
CITY-ST-ZIP	NORTH BROOK IL 60062	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PATEL, ARVIND, M.D.	
STREET ADDRESS	4295 EISENHOWER CIRCLE	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **See 3/20/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)