

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91337 023 \*\*\*150.00

DOCUMENT # P01000064387  
1. Entity Name  
**SAAKEY INC.**

**DO NOT WRITE IN THIS SPACE**

668778

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>24718 STATE ROAD 54</b>		3. Mailing Address <b>24718 STATE RD 54</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LUTZ FL</b>	City & State <b>LUTZ FL</b>	4. FEI Number <b>59-3726795</b>	
Zip <b>33559</b>	Country <b>PASCO</b>	Zip <b>33559</b>	Country <b>PASCO</b>

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **RAHUL PATEL**

Street Address (P.O. Box Number is Not Acceptable)  
**4518 CHEVAL BLVD**

City **LUTZ FL** Zip Code **33558**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>NAYANABEN PATEL PRESIDENT</b> <b>4518 CHEVAL BLVD</b> <b>LUTZ FL 33558</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> <b>RAHUL PATEL</b> <b>4518 CHEVAL BLVD</b> <b>LUTZ FL 33558</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nayana R Patel* **3-8-02 813-949-8584**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)