

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90041 033 ***150.00

DOCUMENT # 491718

1. Entity Name
PRAG ENTERPRISES, INC.

Principal Place of Business 56 HILL STATION ROAD - 11 UPLAND DR. SOUTHAMPTON NY 11968 US	Mailing Address 56 HILL STATION ROAD SOUTHAMPTON NY 11968-3750 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11 UPLAND DRIVE Suite, Apt. #, etc.	3. Mailing Address 11 UPLAND DRIVE Suite, Apt. #, etc.
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City & State SOUTHAMPTON, NY	City & State SOUTHAMPTON, NY	4. FEI Number 59-1635101	Applied For <input type="checkbox"/> Not Applicable
Zip 11968	Country U.S.A.	Zip 11968	Country U.S.A.

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

6. Name and Address of Current Registered Agent
**BECKS, BERRIEN, JR.
 119 N. RIDGEWOOD AVE.
 DAYTONA BEACH FL 32015**

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	P PRAG, RAYMOND 56 HILL STATION ROAD SOUTHAMPTON NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKS, BERRIEN JR. 119 N. RIDGEWOOD AVE. DAYTONA BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **3/28/00** **(631) 287-2008**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)