

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90247 029 \*\*\*158.75

DOCUMENT # F00000002453

1. Entity Name  
**Prezzo International INC**

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

**1515 S. Federal Hwy**

**1515 S. Federal Hwy**

Suite, Apt. #, etc.  
**Suite 211**

Suite, Apt. #, etc.  
**Suite 211**

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

Zip  
**33432**

Country  
**Palm Beach**

Zip  
**33432**

Country  
**Palm Beach**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**02-0516897**

Applied For

Not Applicable

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

**Corporation Service Company**  
**1201 Hays Street**  
**Tallahassee, FL 32301-2525**

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

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)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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  
**Pres/Director**  
**Narotam S. Grewal**  
**28 Cedar Road**  
**North Hampton NH 03862**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Narotam S. Grewal**

**4/30/01**

Date

**603 964 7410**

Daytime Phone #

CR2E034 (11/00)