

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M69365

1. Entity Name

PRANAM, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90099 002 ***150.00

Principal Place of Business

Mailing Address

C/O PAT'S GROCERY
ROUTE 5 BOX 189
QUINCY FL 32351

C/O PAT'S GROCERY
ROUTE 5 BOX 189
QUINCY FL 32351

4091 OLD BAINBRIDGE RD 4091 OLD BAINBRIDGE RD

2. Principal Place of Business

3. Mailing Address

4091 OLD BAINBRIDGE RD

4091 OLD BAINBRIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

QUINCY FL

QUINCY FL

4. FEI Number

59-2873825

Applied For

Not Applicable

Zip

Country

32351

GA DSDEN

Zip

Country

32351

GA DSDEN

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, VASUDEO B
ROUTE 5 BOX 189
QUINCY FL 32351

114 JACK DR.

Name

PATEL, VASUDEO B

Street Address (P.O. Box Number is Not Acceptable)

114 JACK DR.

City

QUINCY

FL

Zip Code

32351

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

2/21/00

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 PS
NAME PATEL, PRADIP
STREET ADDRESS R.R.3, BOX 3926
CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1733 BEAVER CREEK DR
CITY-ST-ZIP HAVANA FL 32333-4803

TITLE VPT
NAME PATEL, VASUDEO
STREET ADDRESS 2835 JACK DRIVE
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 114 JACK DR.
CITY-ST-ZIP QUINCY FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

VASUDEO B. PATEL

Date

Daytime Phone #

2/21/00 (854) 875-2729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)